

<b>Case Number:</b>	CM14-0072695		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is an administrative assistant with a date of injury of October 2009, related to lifting boxes and a subsequent date of injury of 3/3/10, also associated with moving boxes chairs and tables. She did return to work after the first injury but has been unable to work since 4/19/10. She would have an MRI that demonstrated intervertebral disc herniation at L4-5 and L5-S1 with neuroforaminal narrowing. Her diagnosis is displacement of intervertebral disc without myelopathy. He continues to complain of chronic low back pain with radiation into the lower extremities, worse on the right. Treatment to date has included chiropractic treatment and physical therapy as well as medication management. She started a functional restoration program in early April 2014. There is a treatment note from the functional restoration program on 5/16/14 indicating that she was in her fourth week of the program and requesting 12 additional days. The treatment note on 6/9/14 indicates that she has had poor overall progress and was discharged early with no recommendation for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Additional 10 days of functional restoration program.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92,Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines page 30-32 Chronic Pain Programs (functional restoration programs) Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** The MTUS notes that functional restoration programs for chronic pain are recommended where there is access to programs without proven successful outcomes for patients with conditions that put them at risk of delayed recovery. Patient should also be motivated to improve and returned to work and meet the patient selection criteria outlined below. These pain rehabilitation programs combine multiple treatments, and at the least include psychological care along with physical therapy and occupational therapy with active exercise components. It has been suggested that an interdisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. In this case the injured worker was thoroughly evaluated and met the criteria for treatment in a functional restoration program. Treatment notes indicate that she completed approximately 7 weeks of the functional restoration program with poor overall progress. She was discharged early with no recommendation for return to work. The request for an additional 10 days(s) in the functional restoration program is not consistent with MTUS guidelines and is not medically necessary.