

<b>Case Number:</b>	CM14-0078597		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/29/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 a 48-year-old who reported an injury on November 29, 2007. The mechanism of injury was not provided. On March 12, 2014, the injured worker presented with pain in the lumbar spine. Upon examination of the lumbar spine, the range of motion values were 35/90 degrees of flexion, 10/25 degrees of extension, 15/25 degrees of left lateral flexion, and 15/25 degrees of right lateral flexion. There was mild positive paraspinal tenderness to percussion. The diagnoses were disc herniation of the lumbar spine L5-S1, facet arthropathy of the lumbar spine L4-5 and L5-S1, lumbar spine radiculopathy, bilateral lower extremity paresthesias, and depression. Prior therapy was not provided. The provider recommended twelve days of comprehensive functional restoration rehabilitation program. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve days of comprehensive functional restoration rehabilitation program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines states that if an early return to work has been achieved and the return to work process is working well, the likelihood of debilitation should be limited. If, however, there is a delayed return to work or a prolonged period of inactivity, a program of functional restoration can be considered. Such a program could include components of aerobic conditioning as well as strength and flexibility assessments when necessary. It is also worth noting that pre injury and post injury strength and endurance may be limited and might be less than the job requires. If this is the case, the likelihood of re-injury or prolonged problems may increase. Though it may not be part of the process for treating an acute injury, the provider and employer may have to address these issues either through focusing on modifying the job to suit the injured worker's ability or considering alternative placement. The included medical documents lack evidence that the injured worker has failed a trial of conservative treatment to include medications and physical medicine. Additionally, there is a lack of documentation of other treatments the injured worker underwent previously and the measurement of progress as well as efficacy of the prior treatments. There is a lack of documentation that the injured worker has failed an attempt to return to work to help determine restrictions. Additionally, the provider's rationale for the request was not provided within the medical documents for review. As such, the request for twelve days of comprehensive functional restoration rehabilitation program is not medically necessary or appropriate.