

<b>Case Number:</b>	CM14-0078788		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/20/2014
<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 Occupational and Environmental Medicine, has a subspecialty in Public Health, and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 42 year old female with a 5-16-13 date of industrial injury involving her lower back. Pertinent diagnosis include multilevel lumbar discopathy, spinal stenosis, intermittent lumbosacral radiculitis, and reactive depression with anxiety. According to the treating physician, the individual is in poor health with very limited functional capacity. She needs help with most self-care skills. The individual complains of intense low back pain with periods of numbness in her legs with weakness and right wrist pain (subjective). Individual walks with a cane with an antalgic gait. Spasm and guarding noted in lumbar spine (objective). She has responded poorly to conservative treatments, including chiropractic care, aquatic therapy, and physical therapy. She also indicates that her current medication regimen is not helpful for her pain control. The individual began treatment at the functional restoration center in [REDACTED] on 3-31-14 and there is a request for an additional 6 sessions in this program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) aftercare sessions of the [REDACTED] Functional Restoration Program for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs), criteria for the general use of multidisciplinary pain management programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low-Back- Lumbar & Thoracic (Acute and Chronic) Functional Restoration Programs (FRPs).

**Decision rationale:** The MTUS states that long-term evidence suggests that the benefit of functional restoration programs diminishes over time. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The Official Disability Guidelines define a total treatment period of 20 full days or a total of 160 hours. It is noted that the individual successfully attended 160 hours at the Functional Restoration Program, which she started on 3-31-14. She had good progress in restoring some physical functioning and she had an improvement in her psychological status. There is no evidence in the chart that would indicate a need for additional 6 sessions in FRP when the patient has already successfully completed 160 hours Six additional sessions of aftercare at the [REDACTED] Functional Restoration Program is deemed not medically necessary.