

<b>Case Number:</b>	CM14-0083121		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/03/2007
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old male was reportedly injured on April 3, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of neck and low back pains. Current medications include Norco, tramadol, and Ambien. The physical examination demonstrated decreased range of motion of both the cervical and lumbar spine. There was tenderness along the lumbar and cervical spine paraspinal muscles. Diagnostic imaging studies were not reviewed during this visit. A request had been made for a functional restoration program and was not certified in the pre-authorization process on May 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Chronic Pain Programs, pages 30-34 of 127  
Page(s): 30-34 of 127.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, the criteria for a FRP include evidence that previous methods of treating chronic pain have been unsuccessful, and that the injured employee has a significant loss of ability to function independently. It is further stated that the injured employee should exhibit motivation to change and is willing to forgo any secondary gains to achieve improvement. According to the attached medical record, there was no documentation that the injured employee has failed to improve with prior treatment methods of chronic pain. Furthermore, there was documentation that the injured employee has not showed several times and has had an abnormal urine drug screen for marijuana and cocaine. This indicates a pattern of behavior that the injured employee did not have motivation to change and is willing to forgo secondary gain. For these multiple reasons, this request for a functional restoration program is not medically necessary.