

<b>Case Number:</b>	CM14-0083979		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 & Rehabilitation, and is licensed to practice in Texas. 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 57 year old female whose date of injury is 11/21/12. On this date the injured worker fell in a parking garage, landed on her buttocks and noted immediate low back pain. Treatment to date includes physical therapy, acupuncture and Epidural Steroid Injections. Diagnoses include psychogenic pain, lumbar disc displacement, and sciatica. The injured worker completed 154 hours of functional restoration program as of 05/09/14. Per utilization review dated 06/03/14, the injured worker was authorized for 2 physician follow up visits to determine what post-program treatment may or may not be needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM (FRP) X6 SESSIONS OF AFTERCARE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain

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

**Decision rationale:** Based on the clinical information provided, the request for [REDACTED] [REDACTED] functional restoration program x 6 sessions of aftercare is not recommended as medically necessary. The injured worker completed the program approximately 5 months ago, and there is no clear rationale provided to support aftercare at this time. Per prior utilization review in June, the injured worker was authorized for 2 post-program physician follow up visits to determine what treatment, if any, was appropriate. There is no indication that these visits have occurred. Therefore, there is no current treatment plan submitted for review, and the requested aftercare sessions are not medically necessary in accordance with CA MTUS guidelines.