

<b>Case Number:</b>	CM14-0097846		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 50 year old female was reportedly injured on April 1, 2011. The mechanism of injury is undisclosed. Multiple ordinary diseases of life comorbidities (fibromyalgia, arthritis, anxiety, status post cesarean sections) are noted. The most recent progress note, dated June 13, 2014 indicates that there are ongoing complaints of low back pain. The physical examination was not reported. Diagnostic imaging studies were not presented. Previous treatment includes multiple medications, physical therapy, epidural steroid injections and other pain management interventions. A request was made for a functional restoration protocol and was non-certified in the preauthorization process on May 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FRP Functional Restoration Program) 20 Half-day sessions (trial) with transportation:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** As noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, there are a number of criteria that should be met prior to being introduced into a functional restoration protocol. Based on the progress notes presented it does not appear that this individual has lost ability to function independently, or has demonstrated any desire to change. Considering the date of injury, the injury sustained, the site respond and lack of change in the physical examination; there is no clear clinical indication presented that there is any reasonable expectation of success with protocol. Therefore, this is not determined to be medically necessary.