

<b>Case Number:</b>	CM14-0181841		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 7-18-11. The diagnoses have included pain in the joint right forearm, lumbar spinal stenosis, disorders of the sacrum and sciatica. Treatment to date has included medications, activity modifications, physical therapy, injections, off of work and other modalities. Currently, as per the physician progress note dated 10-8-14, the injured worker complains of chronic low back and right upper extremity pain. He also reports back spasms and twinges of pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and x-rays of the lumbar spine. The current medications included Tizanidine, Diclofenac, Tramadol and Naproxen. The objective findings-physical exam reveals that there is tenderness to palpation in the right forearm. The physician notes that it was decided that physical therapy is the injured worker's best option and if he does not respond to physical therapy he may be a candidate for lumbar spinal injection, however he wants to stay conservative in treatments. The physician also noted that due to the denial of physical therapy, the patient not working at this time, the injured worker not being a surgical candidate at this time and his motivation to return to full duty work, the physician requested treatment included the Initial evaluation of the [REDACTED] Functional Restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation** [REDACTED] **Functional Restoration program:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**Decision rationale:** Based on the 9/2/14 progress report provided by the treating physician, this patient presents with chronic low back pain and right upper extremity pain with pain rated 4/10 on VAS scale. The treater has asked for INITIAL EVALUATION [REDACTED] FUNCTIONAL RESTORATION PROGRAM on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient had a flare-up of back pain that lasted for 2 weeks, but 3 days ago, the patient's pain began to return to baseline per 9/2/14 report. The patient takes one tablet of Tramadol during the day and tizanidine at night per 9/2/14 report. The patient is currently working part time per 9/2/14 report. MTUS Functional Restoration Programs (FRPs) pg. 49: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The treater has not specifically addressed this request; no RFA was provided either. Per review of reports, the patient has had persistent chronic pain and has failed conservative treatment including physical therapy, injections and medications. However, review of the medical records does indicate that the patient was authorized for a functional restoration program last year, but the patient was unable to go because of work per 6/4/14 report. A new evaluation may be appropriate to determine the patient's candidacy for FRP at this time. Therefore, the request for functional restoration program evaluation IS medically necessary.