

<b>Case Number:</b>	CM14-0182297		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	01/29/2015	<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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 38 year old male with an injury date on 9/21/13. The patient complains of intermittent, "at times constant" low lumbar pain aggravated with bending/stooping per 3/6/14 report. The patient also has radicular pain/numbness into his left lower extremity that is intermittent per 3/6/14 report. The numbness of his left foot is nearly constant per 2/6/14 report, and the patient is seeing pain management. Based on the 3/6/14 progress report provided by the treating physician, the diagnosis is L4-5 and L5-S1 disc herniations with subjective radiculopathy of the left lower extremity, greater than right lower extremity. A physical exam on 3/6/14 showed "L-spine range of motion is decreased 15-20%." The patient's treatment history includes medications, home exercise program, work modifications. The treating physician is requesting continue functional restoration 2x6. The utilization review determination being challenged is dated 10/21/14. The requesting physician provided treatment reports from 1/9/14 to 3/6/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue functional restoration 2 times 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with lower back pain, left lower extremity pain. The treater has asked for continue functional restoration 2 times 6 but the requesting progress report is not included in the provided documentation. The included progress reports dated 1/9/14 to 3/6/14 provided by the treating physician do not mention previous functional restoration program sessions; the utilization review was consulted. According to utilization review letter dated 10/21/14, the patient had 18 prior functional restoration sessions. The most recent physical therapy report dated 9/15/14 noted patient has 5/5 strength, no significant change in mobility, and L-spine range of motion of 40 degrees flexion, 20 degrees extension and 18/22 degrees of lateral bending per 10/21/14 utilization review. The most recent progress report dated 9/22/14 noted clicking in the left knee with weight bearing but improvement with functional restoration program, with physician exam showing nonantalgic gait, able to heel and toe walk, unable to full squat or duck waddle due to knee pain, and L-spine mildly limited, with bilateral knee medial joint line tenderness, mild patellofemoral irritability and patching decreased sensation in lower extremity in L5 distribution per 10/21/14 utilization review. Regarding longer than 20 sessions of functional restoration program, MTUS states that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the patient has progressed well in 18 sessions of functional restoration program. The patient has significantly improved gait, improved range of motion of L-spine, but some continued deficits in squatting/duck waddling due to knee pain. It would appear the program has already reached adequate goals. There is no explanation regarding the necessity for additional 12 functional restoration sessions, or why the patient would be unable to reach additional incremental goals on his own. The requested 12 additional functional restoration sessions is not medically necessary.