

<b>Case Number:</b>	CM14-0196159		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 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:

According to the records made available for review, this is a 58-year-old female with a 7/21/11 date of injury. At the time (10/24/14) of request for authorization for additional Functional Restoration Program (Days) quantity (QTY): 10.00, there is documentation of subjective (gains of better body mechanics, exercising more, more relaxed, more knowledgeable of pain management tools, and increased interaction following week 1 participation (10/20/14 - 10/24/14) in Functional Restoration Program (FRP)) and objective (functional gains of increased activity tolerance, increased frequency of lifting and carrying activities, and increased positional tolerance for sitting/standing following week 1 participation (10/20/14 - 10/24/14) in FRP) findings, current diagnoses (pain in lower leg joint, displacement of lumbar intervertebral disc, cervical degenerative disc disease, lumbar spinal stenosis, and chronic pain syndrome), and treatment to date (certification of Functional Restoration Program times 10 days, medication, and acupuncture). A request is made for additional Functional Restoration Program times 10 days (2 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Functional Restoration Program (10 Days):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-32 and 49.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identify that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of pain in lower leg joint, displacement of lumbar intervertebral disc, cervical degenerative disc disease, lumbar spinal stenosis, and chronic pain syndrome. In addition, there is documentation of certification of Functional Restoration Program (FRP) times 10 days (2 weeks). Furthermore, given documentation of subjective (gains of better body mechanics, exercising more, more relaxed, more knowledgeable of pain management tools, and increased interaction) and objective (functional gains of increased activity tolerance, increased frequency of lifting and carrying activities, and increased positional tolerance for sitting/standing) findings, there is documentation of evidence of demonstrated efficacy as documented by subjective and objective gains, and functional benefit or improvement as an increase in activity tolerance following week 1 of FRP participation. However, there is no documentation of evidence of demonstrated efficacy as documented by subjective and objective gains, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services following week 2 of FRP program participation. Therefore, based on guidelines and a review of the evidence, the request for additional Functional Restoration Program (Days) quantity (QTY): 10.00 is not medically necessary.