

<b>Case Number:</b>	CM14-0197183		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/23/2014
<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. 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: Emergency Medicine

### 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 56 year old male, who sustained an industrial injury on 8-21-2013. The medical records indicate that the injured worker is undergoing treatment for lumbosacral or thoracic neuritis or radiculitis, lumbar sprain strain, myofascial pain, lumbar radiculopathy, and lumbar degenerative disc disease. According to the progress report dated 10-17-2014, the injured worker presented with complaints of intermittent low back pain with radiating numbness and tingling. On a subjective pain scale, he rates his pain 5 out of 10. He reports that he finds medications helpful to control his pain and reduces his pain 60-70%. The physical examination reveals tenderness to palpation. The current medications are Tramadol. Previous diagnostic studies include electrodiagnostic testing and MRI of the lumbar spine. Treatments to date include medication management, chiropractic, acupuncture, and TENS unit. Work status is described as modified duty. The original utilization review (10-23-2014) had non-certified a request for functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM July 2012.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. It requires: 1) A functional baseline testing to measure baseline improvement. Fails criteria. 2) Failure of prior chronic pain treatment. Fails criteria. There is no proper documentation of prior chronic management plan or conservative therapy attempted prior to FRP request. Patient refused LESI and requested FRP out of preference and not evidence based reasons. 3) Loss of function due to pain. Fails criteria. Patient is working. Provider has failed to document loss of function. 4) Not a candidate for surgery. Fails criteria. Nothing is documented concerning surgical candidacy. 5) Motivation to change. Fails criteria. Nothing is documented. No psychological or social assessment is noted. 6) Negative predictors for success has been addressed. Fails criteria. Nothing is documented. Patient has yet to fail conservative therapy and fails multiple other criteria to recommend FRP. Functional Restoration Program is not medically necessary.