

<b>Case Number:</b>	CM14-0197796		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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:

This 37 year-old patient sustained an injury on 1/20/09 while employed by [REDACTED]. Request(s) under consideration include 10 additional days of functional restoration program. Diagnoses list lumbosacral disc degeneration/ failed back syndrome/ lumbar radiculitis s/p lumbar discectomy L5-S1 in 4/2009; s/p L4-S1 fusion in 4/2010. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic low back pain with bilateral lower extremity radiculopathy and insomnia/headaches. Report summary of 2 week FRP dated 11/7/14 noted patient with difficulty adjusting to the program with increased worsening leg pain and condition from driving to and from the FRP; noting he was not sure if any of this was helping as his symptoms have worsened. Exam showed antalgic gait; spasm at thoracolumbar paravertebral region; moderate depression with pessimism, pain sensitivity, oppositional negativity and marked functional complaints. Motivation was still below average with inadequate tolerance to active range of motion exercises. Functional assessment from weeks one and two comparison had no initial testing to indicate improvement. It was also noted the patient did not attend the 10/30/14 session and could not be tested on 10/31/14 due to increased pain. The request(s) for 10 additional days of functional restoration program was non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Additional days of functional restoration program: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Functional Restoration Programs) Page(s): 30-34, 49.

**Decision rationale:** The patient has not made any functional or psychological improvement even questioning if the program is working and has reported worsening symptoms. The patient has also missed a session and was unable to test at another. Motivation and pain remains low without intent to return to any form of work status. The patient has unchanged high level of pain without demonstrated decreased in medication profile or increased ADLs and psychological improvement. Guidelines criteria to continue a functional restoration program requires clear rationale and functional improvement from treatment rendered. It states that extended treatment duration 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. Overall, per the submitted assessment, the patient has unchanged or decreased in ADL functions and shown no change with actual decrease with physical ability or independence. There is no documented increase in psychological condition, physical activities and independence, or functional improvement with the treatments already completed as noted by the provider or patient to indicate or support further additional FRP treatment. The request for 10 additional days of functional restoration program is not medically necessary and appropriate.