

<b>Case Number:</b>	CM14-0204148		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 patient is a 46 year old male with an injury date of 05/07/09. Based on the 10/14/14 progress report provided by treating physician, the patient complains of right hip pain radiating to right lateral leg rated at 8-9/10. Physical examination of the right hip revealed tenderness of the greater trochanter. Range of motion was decreased, especially on extension 20 degrees. Patient's current medications include Cyclobenzaprine, LidoRx, Naproxen and Tramadol. MRI documenting multilevel lumbar degenerative disc disease that was clinically significant and marked at L4-5, date unknown. CR of the right hip dated 01/17/14 was unremarkable. Patient is not working. Diagnosis (10/14/14) - Low back pain- Displacement of lumbar intervertebral disc without myelopathy- Hip painThe utilization review determination being challenged is dated 11/11/14. The rationale follows: "the provider has not provided records indicating that the patient has been evaluated and cleared psychologically or that the patient's negative predictors of success" Treatment reports were provided from 09/05/13 to 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One functional restoration program for two weeks, ten days, sixty hours:** Overturned

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

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

**Decision rationale:** The patient presents with right hip pain radiating to right lateral leg rated at 8-9/10. The request is for one functional restoration program for two weeks, ten days, sixty hours. Patient's current medications include Cyclobenzaprine, LidoRx, Naproxen and Tramadol. MRI documenting multilevel lumbar degenerative disc disease that was clinically significant and marked at L4-5, dates unknown. CR of the right hip dated 01/17/14 was unremarkable. Patient is not working. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition." MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated 10/14/14, treater recommends "functional restoration program as the best means to achieving rehabilitation goals." Treater also states "Past treatment has included physical therapy. This treatment has not been sufficient to promote return to full function. A brief functional screening to obtain baseline measures used in conjunction with a standardized ADL questionnaire points to functional limitations in all material handling activities. Patient demonstrates adequate activity tolerance to engage in an intensive exercise based treatment program and reports being motivated and willing to participate. Current pain coping strategies are mostly inactive. The patient is motivated to return to work. The patient is not interested in pursuing surgical options." FRP appears reasonable as the MTUS supports functional restoration program to address chronic pain and disability. Therefore, the request IS medically necessary.