

<b>Case Number:</b>	CM14-0208951		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/04/2000
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 4, 2000. In a Utilization Review Report dated November 17, 2014, the claims administrator denied a request for a functional restoration program evaluation. A November 3, 2014 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In a November 18, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the right leg, 8/10. The applicant stated that Norco was helpful in reducing her pain by 30% to 40%. The applicant was given diagnosis of lumbar radiculitis, sciatica, and mood disorder secondary to chronic pain. A functional restoration program evaluation was endorsed on the grounds that the applicant had good days and bad days owing to her depressive issues and/or adjustment disorder issues. The only medication the applicant was using, however, was Norco. In an earlier progress note dated March 17, 2014, the applicant again reported chronic low back pain, 8/10, exacerbated by kneeling, bending, walking, lifting, and driving. The applicant was using Norco, Lidoderm, and tizanidine, it was acknowledged. A functional restoration evaluation and associated functional capacity evaluation were endorsed. A rather proscriptive 10-pound lifting limitation was also recommended. It did not appear that the applicant was working with said limitation in place. The applicant was, however, asked to cease smoking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation:** Upheld

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

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

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic pain program/functional restoration program and, by implication, the functional restoration program evaluation at issue here are recommended only in applicants in whom there is an absence of other options likely to result in significant clinical improvement. Here, the applicant has significant psychopathology with symptoms including mood disorders and mood swings evident on an office visit of November 18, 2014, referenced above. The applicant was not, however, described as using any psychotropic agents from that date. Thus, it did not appear that the applicant's psychological/psychiatric issues have been adequately addressed to date. There are, thus, other options which are likely to result in significant clinical improvement here. Therefore, the request is not medically necessary.