

<b>Case Number:</b>	CM14-0024782		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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, New York, 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 50-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 19, 2012. In a Utilization Review Report dated January 8, 2014, the claims administrator failed to approve a request for a functional restoration program. The claims administrator referenced an RFA form received on December 31, 2013 in its determination. The applicant's attorney subsequently appealed. On December 31, 2014, the applicant reported ongoing complaints of low back pain. The applicant was using Norco, Motrin, prednisone, and methotrexate. The applicant allegedly had superimposed issues with rheumatoid arthropathy, it was incidentally noted. The applicant was asked to pursue a functional restoration program evaluation, employ Ambien for insomnia, and remain off of work, on total temporary disability, until the next visit. Multiple progress notes of 2013 and 2014 were notable for comments that the applicant remained off of work, on total temporary disability, for large portions of the claim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL RESTORATION PROGRAM 2 TIMES PER WEEK FOR 4 WEEKS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPS) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs)8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 32 of 127.

**Decision rationale:** No, the request for a functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of chronic pain program and functional restoration program is evidence that an applicant is willing to forego secondary gains, including disability benefits, in an effort to try and improve. Here, however, the applicant has seemingly remained off of work, on total temporary disability, for large portions of the claim. There was/is no evidence that the applicant was willing to forego secondary gains, including disability benefits, in an effort to try and improve. Therefore, the request was not medically necessary.