

<b>Case Number:</b>	CM14-0218309		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/30/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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 injured worker is a 59 year old male who sustained an industrial injury on 07/30/07. He reports left knee, bilateral shoulder pain as well as pain and burning on the bottom of his feet. Treatments to date include a Functional Restoration Program, bilateral carpal tunnel release, cervical fusion, right shoulder and left knee surgery. Diagnoses include chronic pain syndrome, lumbosacral neuritis, lumbosacral disc degeneration, and lumbar spinal stenosis. In a progress noted dated 11/14/14 the treating provider notes improvement since the injured worker started the Functional Restoration Program. On 12/21/14 Utilization review non-certified 30 days of accommodations, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Days of Lodging/Hotel Accommodations:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** According to the 10/20/2014 to 10/31/2014 FRP Team Conference report, this patient presents with pain in the low back, neck, shoulder and wrists from a cumulative injury. The current request is for 30 Days of Lodging/Hotel Accommodations but the treating physician's report containing the request is not included in the file. The request for authorization is on 10/29/2014 and the treating physician states the Hotel Accommodations is "for FRP attendance, distance from patient's residence to treatment facility is 232.43 mile one way, Lodging is required." The Utilization Review denial letter states "Given the request for 10 days of Functional Restoration Program (days 21 to 30) between 11/26/2014 and 01/10/2014 is non-certified. The request for 30 Days of Lodging/Hotel Accommodations between 11/26/2014 and 1/10/2015 is non-certified." The MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In this case, UR allured that the request for Functional Restoration Program days 21 to 30 is non-certified. Therefore, the request for Hotel Accommodations for the program IS NOT medically necessary.