

<b>Case Number:</b>	CM15-0009962		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Illinois

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 injured worker is a 40 year old female, who sustained an industrial injury on November 30, 2011. The mechanism of injury is unknown. The diagnoses have included lumbar facet arthropathy, lumbar degenerative disc disease and lumbago. Treatment to date has included bilateral lumbar medial branch diagnostic blocks, exercise with strengthening and medications. Currently, the injured worker complains of low back pain with radiation down her left leg. She performs her home exercise every other day, working on stretching the low back and lower extremities. Notes stated that a functional restoration program would be the most effective way to reduce her pain, improve tolerance to function and get her back to work. On January 6, 2015, Utilization Review non-certified a Functional Restoration Program initial consultation for the lumbar spine, noting the Official Disability Guidelines. On January 16, 2015, the injured worker submitted an application for Independent Medical Review for review of Functional Restoration Program initial consultation for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial consultation Functional Restoration Program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Functional Restoration Programs (FRPs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** The injured worker sustained a work related injury on November 30, 2011. The medical records provided indicate the diagnosis of lumbar facet arthropathy, lumbar degenerative disc disease and lumbago. Treatment to date has included bilateral lumbar medial branch diagnostic blocks, exercise with strengthening and medications. The medical records provided for review do not indicate a medical necessity for initial consultation Functional Restoration Program. The records indicate the request for two weekly physical therapy for five weeks was denied, a spine surgeon suggested surgery but said she is not an optimal candidate. The MTUS criteria for Functional restoration requires the candidate meet all of the following criteria: - An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Therefore, requested treatment is not medically necessary since the injured worker has not had a recent physical therapy (up to six, then review, based on the preface section of the Official Disability Guidelines), and also based on the fact that the spinal surgeon considers the injured worker a possible surgery candidate.