

<b>Case Number:</b>	CM15-0100853		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	08/05/1996
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California  
Certification(s)/Specialty: Emergency 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 52-year-old male, who sustained an industrial injury on August 5, 1996 while working at a lumber mill. The injured worker experienced low back pain while lifting a board. The diagnoses have included low back pain with bilateral leg pain, knee pain, lumbago with sciatica and lumbar post-laminectomy syndrome. Treatment to date has included medications, radiological studies, physical therapy, chiropractic care, massage therapy, injections, medial branch blocks, a transcutaneous electrical nerve stimulation unit, H-wave unit, spinal cord stimulator, cognitive behavior therapy, psychotherapy, home exercise program, functional capacity assessment and a lumbar fusion. Current documentation dated March 27, 2015 notes that the injured worker reported a pulling and aching low back pain. A functional capacity assessment noted that the injured worker was severally deconditioned. The injured worker had difficulty with mechanical functions, postural imbalance, gait discrepancies and activities of daily living secondary to his work related injury. The treating physician's plan of care included a request for a functional restoration program for 160 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program quantity: 160 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 31-32.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, Functional restoration programs may be recommended under certain criteria. Patient meets criteria to recommend FRP with review of documentation from multi-disciplinary assessment noted. However, guidelines do not recommend more than 2weeks of whole day sessions unless there is documented improvement in pain and function. Assuming 4 or even 8hour long day sessions, the requested number of hours requested exceeds guideline criteria. Patient should begin program and be reassessed for appropriateness for additional sessions. However, since request exceed guideline criteria; current request for FRP is not medically necessary.