

Case Number:	CM15-0107010		
Date Assigned:	06/11/2015	Date of Injury:	11/01/2013
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41-year-old male, who sustained an industrial injury on 11/01/2013. He reported feeling a "pop" in the low back with "the low back locking up" during strenuous physical activity. Diagnoses include low back pain, degenerative disc disease, radiculitis, and lumbar spondylosis. Treatments to date include activity modification, physical therapy, acupuncture treatments, and medication therapy. Currently, he complained of ongoing low back pain. The pain was rated on average 7/10 VAS, 2/10 VAS at the lowest and 9/10 VAS at the worst. A Workers' Compensation Evaluation completed on 4/23/15, documented the physical examination documented decreased lumbar range of motion and decreased sensation on the left side. The plan of care included a comprehensive multidiscipline assessment for [REDACTED] - Functional Restoration Program ([REDACTED]-FRP).

IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive multi-discipline assessment for Asclepius pain management-
 Functional Restoration program APM-FRP: Overturned**

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

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

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) 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; and (6) Negative predictors of success above have been addressed. The claimant's history and desire to improve as well as failing other prior conservative measures (including medication, interventions and therapy. The claimant is not a candidate for surgery. The request for a functional restoration program is appropriate and medically necessary.