

<b>Case Number:</b>	CM15-0109057		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, 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 47 year old female, who sustained an industrial/work injury on 4/10/14. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar spondylosis and lumbar facet joint pain. Treatment to date has included medication, and physical therapy. MRI results were reported on 10/25/14 that demonstrated mild bilateral post facet arthropathy at L5-S1, L4-5, and mild disc desiccation at L2-L3 with loss of disc height. Currently, the injured worker complains of neck and low back pain. Per the primary physician's progress report (PR-2) on 5/22/15, examination revealed tenderness over the right L4-5 and L5-S1 facet joints, pain on loading of the lumbar facet joints, healed cervical scar, tenderness over the cervical paraspinal muscles, strength 5/5 in left upper/lower extremity, 4/5 in right extremities, decreased sensation to light touch over the right lower leg, right thumb, right fifth finger and the right T1 dermatomal distribution. Gait was slow but steady. Current plan of care included further diagnostic testing, medication, and neurology evaluation. The requested treatments include functional restoration program evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

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

**Decision rationale:** MTUS 2009 states that functional restoration programs are an option after conservative treatment options have been exhausted. Furthermore, negative predictor of success and motivation to participate are not provided in the medical report. The patient has a spinal interventional procedure planned which indicates that further treatment options remain. There are no vocation goals provided for the patient as well. The functional restoration program evaluation is not medically necessary.