

<b>Case Number:</b>	CM15-0132838		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/10/2005
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 70 year-old female who sustained an industrial injury on 08/10/05. Initial diagnoses are not available. Current diagnoses include lumbosacral degenerative disc disease, pain in joint, pelvic region and thigh, neuralgia, neuritis, radiculitis, and opioid drug dependence. Treatment to date has included spinal cord stimulator, topical/oral pain medication management, and chronic pain functional restoration program completed 03/2014. In a progress note dated 04/14/15, the injured worker reports she is maintaining her dose of Norco and is compliant. She continues to use her spinal cord stimulator and functioning well but is gaining weight, and becoming more sedentary due to life stress. Physical examination was remarkable for her lumbar range of motion is still limited; she has a slight antalgic gait and ambulates with her straight cane. The injured worker continues to do well but is at risk for setback with recent weight gain, sedentary lifestyle, and life stress. Requested treatments include functional restoration program 10-day refresher. The injured worker's status is not addressed. Date of Utilization Review: 06/08/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program 10 day refresher:** 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 (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for chronic pain. Treatments have been extensive including a spinal cord stimulator and participation in a functional restoration program, completed in March 2014. When seen, she was functioning well and maintaining her current dose of Norco. She was under stress and as a result was more sedentary and gaining weight. There was decreased lumbar range of motion and a slightly antalgic gait. In terms of a Functional Restoration Program, guideline suggestions for treatment post-program indicate that the patient may require time-limited, less intensive post-treatment with the program itself. However, in this case, the claimant continues to remain functional. There are other, less intense, treatments available to help manage stress, which is the identified underlying problem. Multidisciplinary treatment is not indicated and not medically necessary.