

<b>Case Number:</b>	CM15-0138784		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: 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 33 year old female, who sustained an industrial injury on 6-11-13. She reported pain in her back and left after a slip and fall accident. The injured worker was diagnosed as having lumbosacral disc injury, lumbosacral radiculopathy and myofascial pain syndrome. Treatment to date has included a lumbar epidural injection on 2-4-15 with no relief, an EMG-NCS of the lower extremities on 9-17-14 showing S1 radiculopathy, physical therapy, Tylenol #3 and Ibuprofen. As of the PR2 dated 5-19-15, the injured worker reports lower back pain that radiates to the left leg. Objective findings include a positive straight leg raise test bilaterally and painful lumbar range of motion. The treating physician requested a functional restoration program for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program x2 weeks (10 days): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain management programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs).

**Decision rationale:** The requested Functional Restoration Program x2 weeks (10 days), is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The injured worker has lower back pain that radiates to the left leg. Objective findings include a positive straight leg raise test bilaterally and painful lumbar range of motion. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, Functional Restoration Program x2 weeks (10 days) is not medically necessary.