

<b>Case Number:</b>	CM15-0139041		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male who sustained an industrial injury on 9/17/13. He has complaints of low back pain. Treatments include medication, conservative therapy, injections and surgery. Progress report dated 6/30/15 reports follow up of chronic low back pain due to post laminectomy syndrome and lumbar disc displacement. He continues to have low back pain with radiation into bilateral lower extremities with numbness in left thigh. The back pain is worse than the lower extremity pain. The pain increases with prolonged sitting, standing, and walking and decreases with lying down, positions changes and medications. There has been a delay in receiving his medications since the last visit. He has been authorized for an initial evaluation for a functional restorative program. Diagnoses include: syndrome postlaminectomy lumbar, lumbar disc displacement without myelopathy and long term use of medications. Plan of care includes: request for authorization of medications, if approved after evaluation will request participation in full functional restorative program, refill medicines without change. Work status: not permanent and stationary. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program x 160 hrs for the lumbar spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation to the bilateral lower extremities. The current request is for Functional restoration program x 160 hrs for the lumbar spine. The treating physician's request for reconsideration dated 7/17/15 (7B) states, "The patient did have an FRP evaluation on 6/30/15 and was found to be a good candidate for the entire program." The report goes on to address each of the required criteria for admission into a functional restoration program, and provides all of the information needed to satisfy the criteria. The MTUS guidelines recommend functional restoration programs when certain criteria is met. The guidelines go on to state the following regarding the Criteria for the general use of multidisciplinary pain management programs: "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." In this case, the patient has met all of the required criteria for admission into a functional restoration program. Furthermore, the current request of 160 hours does not exceed the 20 full-day sessions supported by the MTUS guidelines. The current request is medically necessary.