

<b>Case Number:</b>	CM15-0167182		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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:

This 53 year old man sustained an industrial injury on 4-13-2012 after stepping around a co-worker and into a four wheeled cart before falling face first and landing on his elbows. He reported the incident on a Friday, however, didn't receive medical attention until returning to Monday when the pain was unbearable. Evaluations include lumbar spine MRI dated 6-27-2013 and 5-15-2012 and right shoulder MRI dated 4-21-2012. Diagnoses include lumbar spine surgery and lumbar spondylosis and stenosis. Treatment has included oral medications, trigger point injections, and surgical intervention. Physician notes dated 7-29-2015 show complaints of low back pain with radiation to the right leg. The physical examination shows decreased sensation in the right S1 distribution and a positive straight leg raise. Recommendations include functional restoration program and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The claimant sustained a work injury in April 2012 and is being treated for radiating low back pain after a fall and has undergone lumbar surgery with an L4-5 microdiscectomy in April 2014. When seen, there was decreased right lower extremity sensation and positive right straight leg raising. There was decreased lumbar range of motion with spinous process tenderness. Medications including Norco being taken as needed. He had previously been evaluated for a functional restoration program which had not been recommended pending an MRI. The MRI was done and the claimant had surgical follow-up with no further surgery being recommended. Criteria for a functional restoration program include that the patient has a significant loss of ability to function independently resulting from chronic pain. In this case, the presence of functionally disabling pain is not present and there are no identified secondary psychological impairments. The claimant is taking Norco as needed at a low MED (morphine equivalent dose). The claimant had previously worked as a pipe fitter and return to work at this physical demand level is unlikely. A functional capacity evaluation with consideration of vocational counseling would be an option in his care. The requested functional restoration program is not medically necessary.