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| <b>Case Number:</b>   | CM15-0168414 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 01/30/2013 |
| <b>Decision Date:</b> | 10/14/2015   | <b>UR Denial Date:</b>       | 07/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2015 |

### 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

### 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 injured worker is a 39-year-old male, who sustained an industrial injury on 01-30-2013. The injured worker was diagnosed as having disc bulging-lumbar spine, radiculopathy-lumbar spine and sacroiliac dysfunction. On medical records dated 07-07-2015, 06-09-2015 and 04-07-2015 the subjective findings noted an increase in low back pain and left lower extremity pain. Pain was noted as 7 out of 10 on pain scale. Physical findings were noted as lumbar spine with positive straight leg raise on the right and less sensation on right L5-S1. The injured worker was temporary totally disabled. The injured worker underwent urine drug screening. Treatments to date included acupuncture, home exercise, cane and medication. Current medication included Soma, Amitriptyline, Prednisone, Norco and Meloxicam. The Utilization Review (UR) dated 07-29-2015, was noted to have a Request for Authorization dated 07-20-2015. The UR submitted for this medical review indicted that the request for Functional Restoration Program Evaluation, was non-certified.

### 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 Program Page(s): 31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

**Decision rationale:** Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work remaining TTD for this chronic January 2013 injury as the patient has remained functionally unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered or demonstrated motivation to return to any modified work. There is also no psychological evaluation documenting necessity for functional restoration program. The Functional Restoration Program Evaluation is not medically necessary and appropriate.