

<b>Case Number:</b>	CM15-0182431		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60-year-old male, who sustained an industrial injury on 5-6-14. Medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis and lumbar strain. The injured worker is currently not working. On (8-24-15) the injured worker complained of neck, left shoulder and low back pain. The pain was rated 4 out of 10 on the visual analogue scale and was noted to be currently manageable. Examination of the lumbar spine revealed minimal tenderness and mild spasm along the paraspinal musculature. Sensation and motor function in the lower extremities was intact and symmetric. The injured worker was neurologically intact. Treatment and evaluation to date has included medications, medial branch block (1-7-15) and a lumbar support. Treatments tried and failed include physical therapy, chiropractic treatments and a home exercise program. Current medications include Norco and Flexeril. Current requested treatments include a request for an initial multidisciplinary evaluation (to determine if the injured worker is a candidate for a Functional Restoration Program). The Utilization Review documentation dated 9-4-15 non-certified the request for an initial multidisciplinary evaluation (to determine if the injured worker is a candidate for a Functional Restoration Program).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial multidisciplinary evaluation to determine if a candidate for a (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): Chronic pain programs (functional restoration programs).

**Decision rationale:** Initial multidisciplinary evaluation to determine if a candidate for a (Functional Restoration Program) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for a functional restoration program is that the patient has a significant loss of ability to function independently resulting from the chronic pain. The 8/24/15 progress not states that the patient is trying to ride his bicycle and use an elliptical. He is trying to stay active to prevent muscle reconditioning. The documentation does not indicate that this patient has a significant loss of ability to function independently. This request is not medically necessary.