

<b>Case Number:</b>	CM15-0184702		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	10/28/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 28, 2009. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for a 10-day functional restoration program. The claims administrator referenced an August 12, 2015 RFA form and progress notes of August 7, 2015 and July 8, 2015 in its determination. The claims administrator seemingly suggested (but did not clearly state) that the applicant had already received one week of treatment via the functional restoration program in question. The applicant's attorney subsequently appealed. On a letter seemingly faxed on September 25, 2015 (not clearly dated) the attending provider appealed 10 additional days of treatment via the functional restoration program in question. The attending provider acknowledged that the applicant had already received 20 days of treatment through the functional restoration program in question. The attending provider acknowledged that the applicant was still using Norco, Soma, tizanidine, Remeron, Motrin, Neurontin, Prilosec, Flomax, and Effexor. The attending provider contended that the applicant had decreased consumption of Norco and Soma, however. The applicant's work status was not detailed. On a September 11, 2015 functional restoration program report, the treating provider acknowledged the applicant was still unable to carry articles weighing 15 pounds or greater and was unable to independently perform home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, quantity: 10 days: 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), Functional restoration programs (FRPs).

**Decision rationale:** No, the request for 10 days of treatment via a functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via functional restoration program is not suggestive for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, it appears that whatever gain the applicant has made via the 20 prior days of treatment were, at best, tenuous. It did not appear that the applicant had demonstrated meaningful, material, substantive improvements in function in terms of parameters established in MTUS 9792.20e via the prior treatment through the program in question. The applicant's work status was not clearly reported on September 11, 2015 or an appeal letter dated September 20, 2015, strongly suggesting the applicant was not, in fact, working. The applicant was still having difficulty-lifting articles weighing greater than 15 pounds; it was reported on September 11, 2015. The applicant remained dependent on opioid agents such as Norco, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite 20 days of prior treatment via the functional restoration in question. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates treatment duration in excess of 20 sessions require a clear rationale for a specified extension and reasonable goals to be achieved. Here, however, the attending provider seemingly failed to furnish a clear or compelling rationale for extension of treatment beyond 20 sessions of treatment. The attending provider's commentary to the effect that the applicant was unable to perform home exercises as of September 11, 2015 did not constitute a clear or compelling rationale for continuation of treatment via the functional restoration program. It was not clearly stated why less intensive means of treatment, such as conventional outpatient office visits could not seemingly be employed here. Therefore, the request was not medically necessary.