

<b>Case Number:</b>	CM15-0186831		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 54-year-old male, who sustained an industrial-work injury on 9-4-14. He reported initial complaints of head, neck, and back pain. The injured worker was diagnosed as having lumbosacral disc injury, lumbosacral radiculopathy, cervical strain-sprain, headache, and chronic low back pain. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of pain and discomfort around the neck. Meds included Lodine and Norco. Per the primary physician's progress report (PR-2) on 8-12-15, exam noted decreased cervical spine range of motion with spasms and tenderness, deep tendon reflexes were graded 2 out of 2, slightly decreased motor strength at 5- out of 5, axial compression test was positive, decreased shoulder range of motion bilaterally as well as decreased motor strength. The Request for Authorization requested service to include Functional Restoration Program Evaluation. The Utilization Review on 8-27-15 denied the request for Functional Restoration Program Evaluation, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation:** Overturned

**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:** According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve and return to work. The claimant has failed other conservative measures. The request for a functional restoration program evaluation is medically necessary.