

<b>Case Number:</b>	CM15-0187306		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	11/19/2003
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 71 year old male who sustained an industrial injury on 11-19-2003. A review of medical records indicates the injured worker is being treated for chronic low back pain, lumbar postlaminectomy syndrome, and lumbar radiculopathy. Medical record dated 8-17-2015 noted low back pain radiating to both legs, worse in the left leg. He had numbness in both legs. He could not tolerate prolonged standing or walking due to severe pain in the lower back and legs, as well as weakness in the legs. He currently rates his pain a 7 out of 10. Physical examination noted difficulty transferring from a deep seated position. There was moderate tenderness over the lumbar paraspinals, left greater than right. Deep tendon reflexes were depressed bilaterally. There was decreased sensation to light touch throughout both legs. Treatment has included Lyrica, Tramadol, Senokot, and Prilosec. Urine drug screen was consisted with prescribed medications without any drug abuse. Utilization review form dated 8-26-2015 noncertified 1 functional restoration program evaluation (7 hours with 3 doctors).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation (seven hours with the doctors):** 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:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Functional Restoration Program. MTUS guidelines state the following: Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. The goals of the program are to help the individual re-assume primary responsibility for their well-being. According to the clinical documentation provided and current MTUS guidelines; the chronic pain functional rehab consultation/functional restoration program is indicated as a medical necessity to the patient at this time.