

<b>Case Number:</b>	CM15-0188375		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, North Carolina  
 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 63 year old male who sustained an industrial injury on 1-7-09. The diagnosis is noted as lumbago. Previous treatment includes at least 8 sessions of physical therapy-with reported good benefit, medications, medial branch block L3-S1-without benefit, ice, heat, exercise. In a visit note dated 9-3-15, the physician reports complaint of lower back pain. Pain level is reported to decrease from 7 out of 10 to 3 out of 10 with pain medication and lasts for 4-6 hours depending on activity. It is noted that his pain level has increased since his last visit. Current medication is Hydrocodone-Acetaminophen 10-325mg, 1-2 every 6 hours as needed for pain. Exam reveals the lumbar spine range of motion is restricted with extension limited to 20 degrees by pain, tenderness to palpation of the paravertebral muscles on the left, positive lumbar facet loading on the right, tenderness over the sacroiliac spine, sacroiliac joint and greater trochanter. It is noted he is a good candidate for Functional Restoration Program and an initial evaluation is requested at this point. The requested treatment of 1 initial evaluation for Functional Restoration Program was non-certified on 9-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Initial Evaluation For Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** CA MTUS Guidelines recommend an adequate and thorough evaluation prior to participation in outpatient pain rehabilitation programs. In this case, no clear evidence of an absence of other treatment options likely to result in a significant clinical improvement. The claimant has not completed conservative therapies and consultations which may preclude the need for a FRP. He has attended 8 sessions of PT "with relief." The patient would like to continue PT or try acupuncture at this point. In addition, a recent clinical report indicated that the patient would benefit from consultation to determine if he is a surgical candidate. Therefore, the request for a FCE is not medically necessary or appropriate at this time.