

<b>Case Number:</b>	CM15-0191871		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old female who sustained an industrial injury on 9-23-2012. A review of medical records indicates the injured worker is being treated for chronic low back pain, disc protrusion, and congenital stenosis, persistent right foot ankle pain, history of sprain, chronic right L5 radiculopathy, and pain related depression. Medical records dated 5-12-2015 noted back and leg pain. Average pain was a 7-9 out of 10. Physical examination of the spine revealed flexion at 30 degrees, extension at 5 degrees, and bilateral rotation 30-30. Treatment has included Ibuprofen since at least 5-12-2015. Other treatment included an epidural steroid injection with 3 days of pain relief and physical therapy with no relief. Utilization review form dated 9-12-2015 non-certified additional 14 days functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 14 days 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): Functional restoration programs (FRPs).

**Decision rationale:** Based on the 5/12/15 progress report provided by the treating physician, this patient presents with low back pain radiating to the mid-back, buttocks and sacrum, sharp pain over right thigh/calf/dorsum and plantar surface of the right foot, and left leg pain, rated 7-9/10. The treater has asked for Additional 14 days functional restoration program on 8/31/15. The patient's diagnoses per request for authorization dated 9/3/15 are low back pain and leg pain. The patient's pain limits all activities, and is dependent upon her husband and friend for most chores including meal prep, grocery shopping, and laundry per 5/12/15 report. The patient does not have a significant surgical history relating to the back or lower extremities per review of reports. The patient is currently taking Ibuprofen twice daily per 5/12/15 report. The patient has failed conservative treatment including ice, heat, therapies, and injections per 5/12/15 report. The patient is s/p 3 weeks (12 days) of functional restoration program as of 8/31/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Functional Restoration Programs (FRPs) section, pg. 49 recommends the program and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." The patient is s/p 3 weeks (12 days) of functional restoration program as of 8/31/15 report. The current request is for 14 more days of functional restoration program per 8/31/15 report. After 3 weeks of functional restoration program, the patient's trunk range of motion has improved from 5% of normal to 10 percent of normal, but her hip and knee ranges of motion has stayed the same. MTUS recommends not more than 20 sessions of FRP in most cases but states that "treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." In this case, the requesting provider has not provided an adequate discussion of what is to be achieved by regular follow-ups with the associated functional restoration program, as required by MTUS. It is not clear why this patient would be unable to continue with the functional gains already obtained, or why additional follow-up visits are necessary to consolidate improvements. Therefore, the request is not medically necessary.