

<b>Case Number:</b>	CM15-0192216		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: 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 injured worker is a 49 year old male, who sustained an industrial injury on 3-18-14. The injured worker was diagnosed as having unstable spine (disorders of the sacrum); cervicobrachial syndrome; trochanteric bursitis; rotator cuff sprains and strains. Treatment to date has included physical therapy; TENS unit; medications. Diagnostics studies included MRI cervical spine (6- 27-14); MRI left shoulder (6-30-14). Currently, the PR-2 notes dated 9-2-15 is titled "Functional Restoration Program Multi-Disciplinary Team Conference". These notes indicated the injured worker is currently prescribed Tramadol and Cyclobenzaprine. This is documented as week 12 (8-24-15 - 8-28-15) and has completed 10 sessions of orientation and 12 of 14 treatment sessions. The notes document the injured worker "continues to make great strides in his pain management skills. He is actively working on not just the mind but body changes (weight loss) to help him with his pain management. He has a good grasp of the skills and used effectively." The injured worker has completed 21 of 24 recommended sessions as of week 12. He will continue attending the program for 4 more sessions, twice a week for two more weeks. The documentation notes, "The patient continues to focus on ways to maximize strength and flexibility. He has maximized his independence with the utilization of pain and stress management skills as well as leading group discussions. Physically, he has improved tremendously, and he is getting prepared to return back to work with unrestricted duties. Prognosis here is excellent. He will continue with the program as indicated." A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9-28-15 and non-certification for Retrospective Additional FRP (Functional Restoration Programs) session- Requested Treatment. Dates of service: 8-26-15, 8-31-15, 9-2-15, 9-9-15. A request for authorization has been received for Retrospective Additional FRP (Functional Restoration Programs) sessions dates of service: 8-26-15, 8-31-15, 9-2-15, 9-9-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Additional FRP (Functional Restoration Programs) sessions DOS: 8/26/2015, 8/31/2015, 9/2/2015, 9/9/2015) QTY 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

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

**Decision rationale:** MTUS Guidelines are specific with the recommendation that up to 20 sessions is considered an adequate number of sessions for functional restoration programs. There are no exceptional reasons what this recommendation should not apply to this individual. There are no diagnosed learning disabilities or significant neurological loss. There is no documented reason why there could not be follow through with exercise and social interactions on a more independent basis after the initial 20 sessions. The request for retrospective Additional FRP (Functional Restoration Programs) sessions DOS: 8/26/2015, 8/31/2015, 9/2/2015, 9/9/2015) QTY 4 is not supported by Guidelines and is not medically necessary.