

<b>Case Number:</b>	CM15-0195350		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 29-year-old male who sustained an industrial injury on 5-20-2014. A review of medical records indicates the injured worker is being treated for lumbar sprain, low back pain, and degeneration of cervical intervertebral disc. Medical records dated 7-21- 2015 noted left sided lower back, neck, and interscapular pain. He denies new or worsening symptoms since his last visit. Physical examination noted gait was normal with normal posture. Treatment has included cyclobenzaprine since 3-17-2015 and tramadol since 7-21-2015. Utilization review form dated 9-8-2015 noncertified additional functional restoration program a 4 weeks, 20 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional functional restoration program 4 weeks, 20 days:** Upheld

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

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

**Decision rationale:** The 29-year-old patient presents with neck and lower back injuries, as per progress report dated 07/21/15. The request is for additional functional restoration program 4 weeks, 20 days. There is no RFA for this case, and the patient's date of injury is 05/20/14. The patient is status post two knee surgeries in 2013, as per progress report dated 07/21/15. Diagnoses included lumbar sprain, low back pain, and degeneration of cervical intervertebral disc. Medications included Cyclobenzaprine, Meloxicam, Omeprazole, Prednisone and Tramadol. Diagnoses, as per progress report dated 06/17/15, also included strain of thoracic region, strain of neck muscle, and degeneration of lumbar intervertebral disc. The patient is planning to return to work with a new employer, as per progress report dated 10/13/15 (after the UR denial date). The MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs (FRPs) section, 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 that "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." As per progress report dated 09/01/15, the patient has completed six weeks of functional restoration program and has obtained "gains in all areas measured, and was able to apply coping skills in his home environment. Overall, he acquired and made use of pain management skills obtained in the FRP on a consistent basis." The report also documents objective functional improvement, reduced dependence on other treatment modalities, and improved quality of life. While the patient appears to have benefited significantly from FRP sessions completed until now, the reports do not explain the purpose of additional sessions. There is no documentation of goals and recommendations for future sessions. In fact, FRP report dated 09/01/15 states "no further recommendations" for additional treatment. Hence, the request is not medically necessary.