

<b>Case Number:</b>	CM15-0199138		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Florida

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 52 year old male, who sustained an industrial injury on 3-14-12. Medical records indicate that the injured worker is undergoing treatment for a post-concussion syndrome, post-traumatic headaches, spasm of muscle, adjustment disorder, pain-related insomnia and a traumatic subdural hemorrhage without intracranial wound with loss of consciousness. The injured workers current work status was not identified. On (9-28-15) the injured worker complained of headaches, intermittent spasm of the anterior thigh and cognitive difficulties including memory and task sequencing problems. The injured worker also noted a continued ringing sensation in the middle of his head and occasional insomnia as a result of the tinnitus and headaches. The injured worker underwent a functional restoration program evaluation on 9-8-15. Objective findings noted that the injured workers neurological examination of the cranial nerves was grossly intact. Strength was full in the upper and lower extremities. The injured workers gait was non-antalgic and he is able ambulate independently. Treatment and evaluation to date has included medications, CT scan of the head, psychological evaluation, functional restoration program evaluation and a craniotomy. Current medications include Prozac, Tramadol and Motrin. The current treatment request is for a [REDACTED] Functional Restoration Program (160 hours). The Utilization Review documentation dated 10-2-15 non-certified the request for a [REDACTED] Functional Restoration Program (160 hours).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, quantity: 160 hours:** 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): Functional restoration programs (FRPs).

**Decision rationale:** MTUS guidelines discuss Functional Restoration Programs and state that the aim of these programs is more to improve function rather than to reduce pain. This patient has chronic pain, but his most recent evaluation for a functional restoration program failed to show substantial functional limitations that would impair his ability to function independently. The objective physical exam findings provided in this patient's medical record demonstrated that he is able to ambulate independently, and has normal motor strength, sensation, and reflexes. Therefore, this request cannot be considered medically necessary.