

<b>Case Number:</b>	CM15-0202819		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 39 year old female who sustained an industrial injury on 7-9-13. She is working. The medical records indicate that the injured worker is being treated for low back pain; lumbar disc disorder without myelopathy; lumbosacral spondylosis without myelopathy; lumbar degenerative disc disease; bilateral lower extremity radicular symptoms-resolved. She currently (6-7-15) complains of constant pain, stiffness and soreness across the low back. Her pain level (7-19-15 note) was 4 out of 10 and 2-3 out of 10 (6-7-15). She walks 12 miles per week about 2 and 1 half miles per day (per 6-7-15 note) with no change in back pain. On physical (6-7-15) exam there was focal tenderness in the central lumbar spine at L5-S1; tenderness in the paravertebral musculature bilaterally at L5-S1; some tenderness in both sacroiliac joint areas, right greater than left; there is flexion of fingertips to the knees; full range of motion of the back; negative straight leg raise bilaterally. Diagnostics included MRI of the lumbar spine (no date) showing lumbar degenerative disc disease. Treatments to date include no medications currently (4-24-15) and no documentation of prior medications, if any; physical therapy; aquatic therapy with benefit. The request for authorization was not present. On 9-30-15 Utilization Review non- certified the request for functional restoration program 2 to 3 times per week #36.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (FRP): 2-3x a week Qty: 36.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program 2 to 3 times per week for #36 sessions is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are low back pain; lumbar disc disorder without myelopathy; lumbosacral spondylosis without myelopathy; lumbar degenerative disc disease by MRI; and bilateral lower extremity radicular symptoms resolved. Date of injury is July 9, 2013. Request authorization is dated September 1, 2015. The most recent progress note in the records dated July 19, 2015. There is no contemporaneous documentation in the medical record on or about the date of request for authorization. The treating provider's request is for the functional restoration program, physical therapy 2-3 times per week, to the lumbar spine, #36 sessions. A QME indicates the injured worker received two out of six physical therapy sessions. The total number of sessions is not documented and there is no documentation demonstrating objective functional improvement. There is no indication the injured worker is engaged in a home exercise program. The medical record contains 16 pages. According to a March 8, 2015 progress note, the injured worker completed six out of six aquatic therapy sessions. According to a July 19, 2015 progress note, subjective complaints include low back pain. Injured worker is employed in his job at regular duty. Objectively, vital signs are noted. There is no physical examination including the lumbar spine and there is no neurologic evaluation. There is no documentation demonstrating objective functional improvement noted with prior physical therapy. There is no

contemporaneous clinical documentation on or about the date of request for authorization (September 1, 2015). As a result, there is no clinical discussion, indication or clinical rationale for a functional restoration program. It appears from the documentation the injured worker is requesting #36 sessions of physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically warranted over the recommended guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no updated physical examination in the July 19, 2015 progress note and no contemporaneous clinical documentation on or about the date of request for authorization with a clinical discussion, indication or rationale for a functional restoration program, functional restoration program 2 to 3 times per week for #36 sessions is not medically necessary.