

<b>Case Number:</b>	CM15-0020825		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 68 year old male who sustained an industrial injury on 11/17/11 involving his low back. Currently he is experiencing low back and bilateral lower extremity pain and mid back pain. His pain intensity is rated 5/10. Medications are Norco, Mobic and Prilosec. Diagnoses include lumbosacral sprain/ strain; lumbosacral disc injury at multilevel with 4 mm right disc protrusion at level L3-4 and 2-3 mm protrusion at L4-5 and L5-S1; annual disc tear at level L4-5; right S1 lumbosacral radiculopathy. Treatments to date include acupuncture, physical therapy, medications and injections. Progress note dated 1/30/15 indicates that the functional restoration program with its multidisciplinary approach will aid the injured worker in coping and managing his chronic pain condition. On 1/30/15 utilization review non-certified the request for Physiotherapy - initial functional restoration program for 2 weeks, 5 days a week, for 10 days, # 10 citing MTUS: Chronic Pain Medical Treatment Guidelines: Chronic pain Programs (Functional restoration).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy-initial functional restoration program for two weeks, five days a week, for ten days quantity:10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

**Decision rationale:** Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline, not seen here. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without clear aspiration to return to work for this chronic 2011 injury with delayed recovery beyond recommended time frame for successful outcome. The patient has remained functional unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered. There is also no psychological issues demonstrated or evaluation documenting medical necessity for a functional restoration program. The Physiotherapy-initial functional restoration program for two weeks, five days a week, for ten days quantity:10 is not medically necessary and appropriate.