

<b>Case Number:</b>	CM15-0210560		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, North Carolina  
 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 33 year old, male who sustained a work related injury on 2-3-14. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 9-25-15, the injured worker reports "improved flexibility, strength, endurance, balance, activities of daily living, postural awareness, and overall improvement with his lower back." He is able to do more at home. On assessment dated 9-25-15, he has shown "excellent improvement with his overall functionality." His pain, range of motion, balance, strength and cardiovascular endurance have improved. He has been instructed on a home exercise program. Treatments have included lumbar median branch blocks- no pain relief, medications, participation in functional restoration program x 16 weeks, chiropractic treatments x 4-5-no benefit, and 6 sessions of physical therapy-no benefit. Current medications include Ultram and Norflex. He is not working. The treatment plan includes being advised to attend functional conditioning independently and to perform his home exercise program. The Request for Authorization dated 9-22-15 has a request for continuation of care for Asclepius Pain Management (APM)-functional restoration program. In the Utilization Review dated 9-25-15, the requested treatment of continued Asclepius Pain Management (APM)-functional restoration program for 60 hours regarding lumbar spine is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue APM - Functional Restoration Program for 60 hours regarding the lumbar spine:**  
Upheld

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

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

**Decision rationale:** The claimant is a 33 year-old man who sustained an industrial injury on 2/3/2014. He is being treated for chronic low back pain. The request is for an additional 60 hours of a functional restoration program (FRP). The claimant was initially approved for 80 hours of FRP, with approval for a subsequent additional 20 hours. The claimant has now completed 100 hours of FRP. An assessment on 9/23/2015 noted no changes in cardio duration of 20 minutes, no changes in chest press or hamstring curls repetitions, abdominal bracing, pelvic tilts or balance ball toss. No pain scores were provided. the claimant was noted to have "moderate depression." At this point, the claimant should be well-educated in a home exercise program and techniques for coping with chronic pain. Consideration should be given to a trial of antidepressants for both depression as noted and chronic pain. Therefore based on the above, the request for 60 additional hours of FRP is not medically necessary or appropriate.