

<b>Case Number:</b>	CM15-0040772		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Pain Management

### 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 46-year-old female, who sustained an industrial injury on 7/26/12. The injured worker was diagnosed as having axial low back pain and facet arthropathy. Treatment to date has included chiropractic therapy, facet injections to L4-5 and L5-S1, physical therapy and oral medications. (EMG) Electromyogram studies, (MRI) magnetic resonance imaging of cervical spine and (MRI) magnetic resonance imaging of lumbar spine have been performed. Currently, the injured worker complains of mid and low back pain without radiation. Tenderness is noted on palpation of L203 and L3-4 levels and pain worsened with extension and rotation. Facet injections have helped to relieve the pain and a functional restoration program is now recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program qty: 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32 & 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: An adequate and thorough evaluation has been made including baseline functional testing; Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the medical information available for review, there is no documentation that any of the criteria outlined above have been met. Furthermore, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 15 sessions exceeds this recommendation and there is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.