

<b>Case Number:</b>	CM15-0046266		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57-year-old male, who sustained a work/ industrial injury on 9/17/13. He has reported initial symptoms of back pain with radiation to the extremity. The injured worker was diagnosed as having spinal stenosis, post laminectomy syndrome, lumbar radiculopathy, and degenerative disc disease. Treatments to date included medication, physical/occupational therapy, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) unit, home exercise therapy, prior functional restoration program, and lumbar support. X-ray of the lumbar spine was negative. Magnetic Resonance Imaging (MRI) of the lumbar spine reported at L5-S1 there were post surgical findings of prior laminectomy. There was contact degenerative changes and congenital narrowing of the spinal canal. Electromyogram/nerve conduction velocity (EMG/NCV) was not completed due to intolerance. Currently, the injured worker complains of ongoing pain in the lower back that radiated down the left leg and rated 7/10. The report from 9/22/14 indicated no warmth, erythema, crepitus over joints noted. Sensation was intact to dermatomes at L3-S1 bilaterally. Patellar and Achilles tendon reflex are 1+ bilaterally. SI joint compression test was positive. There was moderate hypertonicity in the lumbar paraspinals as well as in the left greater than right piriformis and glutes. Flexion of lumbar spine was 60 degrees, side bend right 20 degrees, side bend left 25 degrees. Hip flexion right 85 degrees, left 90 degrees, extension bilaterally at 10 degrees, internal rotation right 10 degrees, left 20 degrees. Abduction 20 degrees, adduction 20 degrees. Medications included Norco, Oxycodone HCL, Lyrica, Orphenadrine, Atenolol, and Allopurinol. Treatment plan included additional function restoration program (FRP) times 14 sessions.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional function restoration program (FRP) times 14 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

**Decision rationale:** Additional function restoration program (FRP) times 14 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The documentation does not indicate extenuating factors requiring 14 sessions of additional FRP program. The request is therefore not medically necessary.