

<b>Case Number:</b>	CM15-0047820		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 (IW) is a 57 year old female who sustained an industrial injury on 04/05/2013. She reported constant low back pain and leg pain on the right. The injured worker was diagnosed as having lumbar sprain/strain, lumbar disc displacement, lumbar radiculopathy, lumbar disc injury, bilateral leg contusions, and status post fall with back and leg injuries. Treatment to date has included oral narcotic pain medication, electro-acupuncture, and a functional restoration program. Currently, the injured worker complains of chronic back pain with radicular symptoms. The treatment plan includes oral pain medications and evaluation in a functional restoration program. A request for authorization is made for additional functional restoration program x10 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Functional Restoration Program x10 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 30-34.

**Decision rationale:** Within the medical information available for review, there is indication that the patient has already completed part of a functional restoration program. The California Medical Treatment Utilization Schedule specify the following regarding duration of FRPs: "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The patient has received "benefit" from the FRP according to a note in March 2015 by the requesting provider. But specific functional gains along the metrics of mood, pain, disability, and reduction in work restrictions are not specifically noted. Without this information, continuation of the FRP is not medically necessary.