MAXIMUS Federal Services

| Case Number: | CM15-0056435 | | |
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| Date Assigned: | 04/01/2015 | Date of Injury: | 05/02/2007 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

## 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, Hawaii
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 52 year old male who sustained a work related injury May 2, 2007. According to a physician's request for authorization report, dated February 19, 2015, the injured worker presented with complaints of pain and discomfort involving the low back and bilateral legs. He is currently using a large quantity of medication to control his pain, which is described as unbearable. There is lumbosacral tenderness present on palpation and positive leg raise bilaterally, worse on the left compared to the right. Diagnoses included lumbosacral disc injury; L5-S1 grade 2 lumbosacral spondylolisthesis with pars defect; s/p lumbosacral fusion, December, 2009; thoracic sprain/strain injury; myofascial pain syndrome; lumbosacral foraminal stenosis; depression; gastrointestinal distress. Treatment plan included continue medications, continue home exercises as tolerated and request for authorization for a functional restoration program evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Ch 7, pg 137-39.

**Decision rationale:** The patient presents with low back and bilateral leg pain. The current request is for Functional Restoration Program Evaluation. The treating physician states: The patient still had a lot of pain and discomfort involving low back and bilateral legs. The patient is still using large quantity of pain medications to control is pain. Pain is still unbearable. In view the patient not further surgical candidate, had tried numerous treatment, still had lot of pain and discomfort, so we are requesting authorization for functional restoration program evaluation. Hopefully multidisciplinary approach will help the patient to better cope, adjust, and manage his chronic pain condition. The patient is motivated and wants to participate in the program. (B 17/18) Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician has indicated that multiple attempts of prior treatment have not benefited the patient. The patient is in unbearable pain and the FRP evaluation is necessary to better assist the patient with alleviating their pain. The current request is medically necessary and the recommendation is for authorization.