

<b>Case Number:</b>	CM15-0080746		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	07/19/2007
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Massachusetts  
 Certification(s)/Specialty: Anesthesiology, 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:

This 56 year old woman sustained an industrial injury on 7/19/2007. The mechanism of injury is not detailed. Treatment has included oral medications and beginning a functional rehabilitation program. Physician notes dated 4/10/2015 show measures of functional improvement since beginning the functional rehabilitation program. These include learning to stretch and protect function, gaining confidence in her ability on the treadmill which has allowed her to make documented progress, working to optimize medications, and pain management strategies. Recommendations include authorization for the remaining 16 days of functional rehabilitation program treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient remaining sixteen (16) days (equating to eighty (80) hours) of Functional Restoration Program to cervical, right forearm and wrist, and low back: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM Chapter 12 on Low Back Pain Complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is rationale provided to support the continuation of the functional restoration program. Documentation provided indicates that the Injured Worker has made progress with the FRP. Continuation of the program is thus appropriate. Therefore at this time the requirements for treatment have been met, and therefore the request is medically necessary.