

<b>Case Number:</b>	CM15-0087498		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/31/2013
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Internal Medicine, Rheumatology

### 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 41 year old female with an industrial injury dated 03/31/2013. The mechanism of injury is documented as a fall with injury to left knee and low back. Her diagnoses includes axial low back pain, lumbar facet pain at lumbar 4-5 level, lumbar spondylosis without myelopathy, and left knee pain. Prior treatments included 12 physical therapy sessions, multiple opioid and non-opioid medications and injection therapies (low back and left knee). She presents on 03/31/2013 with complaints of low back and left knee pain. Her functionality had continued to decrease with standing and walking tolerances at approximately 15-20 minutes. She was unable to do activities of daily living such as squatting and kneeling to tie her shoes. She was having significant sleep disturbances because of pain in the back area. Medications included pain medication, anti-inflammatory medication and medication for sleep. MRI of the lumbar spine (11/19/2013) showed a lumbar 5-sacral 1 2 mm disc bulge. MRI of the knee (11/19/2013) showed no tear of the medial meniscus. Treatment plan consisted of awaiting functional restoration program evaluation authorization and facet injections which were requested in November 2014 and February of 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional restoration programs Page(s): 31-32.

**Decision rationale:** This 41 year old female has complained of left knee and low back pain since date of injury 3/31/13. She has been treated with physical therapy, injections and medications. The current request is for a functional restoration program. Per the MTUS guidelines cited above, an adequate and thorough evaluation is recommended prior to initiating a functional restoration program with clear delineation of baseline function prior to consideration of entry into a FRP. The provided medical records do not document a thorough evaluation of baseline function or functional goals as is recommended in the MTUS guidelines. On the basis of this lack of documentation, a FRP is not medically necessary.