

<b>Case Number:</b>	CM14-0123725		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine, has a subspecialty in Emergency Medical Services and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old female who reported an injury on 08/22/2011 while performing her usual and customary duties. She sustained injuries to the lower back. The injured worker complained of lower back pain that radiated to the back and legs. The injured worker had diagnoses of sciatica and degeneration of the lumbar spine disc. Treatments included physical therapy, chiropractic therapy, and medication. Prior diagnostics included an x-ray and magnetic resonance imaging (MRI) of the lumbar spine. The MRI dated 06/01/2012 revealed a disc desiccation from the L2 to the S1 with significant bulging at the L2-3 and L4-5. Medications included Tylenol as needed and Xanax as needed for anxiety. The physical examination dated 06/12/2013 revealed reflexes 2+ equally to the patella and Achilles region. Motor examination revealed 5+ in regard to thigh flexion and leg flexion and extension. Range of motion of the spine was well preserved; no scoliotic deformities were noted. The treatment plan included a Functional Restoration Program. The request for authorization dated 06/27/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 160 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 32. Decision based on Non-MTUS Citation Official Disability Guidelines-Online Edition (Physical Therapy)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Functional Restoration Programs) Page(s): 30-32.

**Decision rationale:** The request for Functional Restoration Program 160 hours is not medically necessary. The California MTUS states that an adequate and thorough evaluation needs to be made, including baseline functional testing, so that follow up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful; and there is an absence of other options likely to result in significant clinical improvement; the injured worker had a significant loss of the ability to function independently resulting from the chronic pain; the injured worker is not a candidate where surgery or other treatments would clearly be warranted; and the injured worker exhibits motivation to change. Negative predictors of success should also be addressed. Functional restoration treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions, and a treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. There was a lack of a measurable baseline against which to measure the efficacy of the functional restoration program. Additionally, there was a lack of evidence that the injured worker had failed conservative treatment, to include physical medicine and medications. The documentation did not indicate that the prior treatments failed. As such, the request is not medically necessary.