

<b>Case Number:</b>	CM14-0128975		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 44 year-old female was reportedly injured on July 25, 2011. The most recent progress note, dated May 2, 2014, indicates that there were ongoing complaints of low back pain with lower extremity involvement. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. The gait pattern is reported as normal. A reduced lumbar spine range of motion was noted and had tenderness to palpation. Straight leg raising is positive bilaterally at 60. Motor function is noted to be 4/5 and sensory is decreased in the L4, L5, and S1 dermatomes. Diagnostic imaging studies objectified degenerative changes in the lower lumbar spine. Previous treatment includes multiple medications. A request had been made for Functional Restoration Program and was not medically necessary in the pre-authorization process on July 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Eval for Functional Restoration Program:** Upheld

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

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

**Decision rationale:** Functional Restoration Programs (FRPs) combine multiple treatments to include psychological care, physical therapy, and occupational therapy for patients who are motivated to improve and return to work. That motivation is not demonstrated in the multiple progress of presented for review. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, and are required to meet selection criteria per MTUS guidelines. After review of the available medical records, the claimant does not meet required criteria, as there is no plan for him to return to work. Furthermore, the claimant has radiculopathy documented on electrodiagnostic studies, but no recent MRI lumbar spine and/or recommendation for epidural steroid injections vs. surgical consultation. As such, this request is not considered medically necessary.