

<b>Case Number:</b>	CM14-0139188		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 45-year-old male was reportedly injured on 1/16/2013. The most recent progress note, dated 8/4/2014, indicated there were ongoing complaints of low back pain. The physical examination demonstrated the patient with an abnormal gait with slight limp on the right leg. The patient was unable to heel-toe walk. Lumbar range of motion was with flexion 25-30 and extension 5. There was positive tenderness to palpation to the lumbar spine with muscle spasm noted. No recent diagnostic studies are available for review. Previous treatment included physical therapy, medications, and conservative treatment. A request had been made for functional restoration program #20 days and was not certified in the pre-authorization process on 8/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL RESTORATION PROGRAM X 20 DAYS- MODIFIED TO 10 DAYS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34 of 127.

**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. 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 continued pain that has not improved with therapy nor has the functional abilities improved. As such, this request is not considered medically necessary.