

<b>Case Number:</b>	CM14-0167651		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic pain syndrome or chronic low back pain reportedly associated with an industrial injury of May 26, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; 32 previous days of treatment through a functional restoration program; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for [REDACTED] remote care program/functional restoration program. The applicant's attorney subsequently appealed. In a functional restoration program report dated August 21, 2014, it was acknowledged that the applicant had received 32 previous days of treatment through the functional restoration program. It was stated that the applicant was not working at present. The applicant had already 160 hours of treatment; it was acknowledged, emphasizing education, psychological counseling, and behavioral therapy. It was acknowledged that the applicant was permanent and stationary. Permanent work restrictions were endorsed. The attending provider suggested that the applicant receive four months of functional restoration program remote care services. The applicant's medications at the time of discharge included tramadol, Flector, Motrin, Cymbalta, Enalapril, hydrochlorothiazide, Glipizide, Zocor, metformin, and Novo log

### IMR ISSUES, DECISIONS AND RATIONALES

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

██████ remote care; FRP (Functional Restoration Program) after care, for 4 months:  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

**Decision rationale:** As noted on page 33 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration via a functional restoration program/chronic pain program should "generally not exceed 20 full day sessions" without a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the attending provider has not outlined any clear rationale for the proposed extension and/or reasonable goals to be achieved. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that treatment via functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy documented by subjective and objective gains. Here, the applicant is still not working, despite having had previous treatment via the functional restoration program. The applicant remains dependent on opioid agents such as tramadol, it is further acknowledged. The attending provider, in short, has not outlined any clear evidence of functional improvement in terms of parameters established in MTUS 9792.20f through the 32 previous days of earlier treatment through the functional restoration program in question, nor has the attending provider outlined any specific goals for the aftercare program/remote care program. Therefore, the request is not medically necessary.