

<b>Case Number:</b>	CM14-0184999		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of October 23, 2012. A utilization review determination dated October 28, 2014 recommends non certification of a Functional Restoration Program. A progress report dated October 15, 2014 identifies subjective complaints of ongoing pain in the back radiating into the right lower extremity and occasionally right upper extremity. The patient has not noticed any change in pain level as a result of acupuncture treatment. Physical examination findings revealed tenderness to palpation over the upper trapezius with spasm. Diagnoses include right lumbar radiculopathy. The treatment plan recommends ongoing acupuncture treatment. A progress report dated September 22, 2014 includes treatment recommendations of proceeding with psychology 8 visits, urine drug screen, and continuing current medications. A progress report dated June 27, 2014 recommends a lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 5 Times A Week For 8 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: 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 patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for rehabilitation program 5 Times A Week For 8 Weeks; therefore exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested Functional Restoration Program is not medically necessary.