

<b>Case Number:</b>	CM14-0215033		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/02/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 46 year old male with an injury date on 5/2/08. The patient complains of ongoing lower back pain and leg pain per 10/28/14 report. The patient had a 2009 microdiscectomy at L3-4 and L4-5, but this was complicated by a post-laminectomy syndrome with persistent pain that led to a single L4-5 level fusion per 10/28/14 report. The patient has recently developed right knee cellulitis and chronic pain, and the combination of lower back pain and knee pain is beyond his ability to cope per 10/7/14 report. The patient has chronic depression with suicidal ideation, and is in need of psychiatric treatment per 10/7/14 report. Based on the 10/28/14 progress report provided by the treating physician, the diagnoses are: 1. myalgia and myositis, unspecified. 2. postlaminectomy syndrome, lumbar region. 3. radicular syndrome of lower limbs. 4. limb pain. 5. lower back pain. A physical exam on 8/27/14 showed thoacolumbar range of motion shows increased pain/spasm on forward flexion at 30 degrees. Decreased range of motion of right knee. bilateral ankles/ left hip, and knee appear to have normal range. The patient's treatment history includes medications, chiropractic treatment, pool therapy, physical therapy, home exercise program, trigger point injections. The treating physician is requesting HELP ██████████ Program (FRP) 80 hours - non certified. The utilization review determination being challenged is dated 11/20/14. The requesting physician provided treatment reports from 12/6/13 to 12/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP [REDACTED] program (FRP) 80 hours:** 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 Functional restoration program (FRP) Page(s): 30-32.

**Decision rationale:** This patient presents with lower back pain, right knee pain. The treater has asked for Help [REDACTED] program (FRP) 80 hours on 11/12/14. The requesting 11/12/14 report further clarifies request as 16 days (equating to 80 hours) of FRP treatment. The patient's functional restoration program was initiated on 11/3/14, and has been authorized for 10 days (equating to 50 hours) of FRP treatment out of a recommended 32 contact days (equating to 160 hours) of which 6 days (equating to 30 hours) have been completed per 11/12/14 report. For an extension of a functional restoration program beyond 20 sessions, MTUS states: "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." In this case, the patient has progressed well in 10 sessions of FRP, with significant functional gains. The patient has 80% improvement in ability to lift/carry, by progressing from 10 pounds at initial evaluation date of 7/25/14 all the way up to 28 pounds on 11/14/14 report. Over the 10 sessions, the patient has improved his ability to walk from 5 minutes to 30 minutes per 11/14/14report. There is no documentation, however, of an individualized care plan with outcomes, or a risk factor for a loss of function. It would appear the program has already reached adequate goals. The patient has completed 10 sessions, or 50 hours, of a functional restoration program. The current request for 16 days, or 80 hours, of additional FRP sessions exceed what is ordinarily recommended by MTUS. The request is not medically necessary.