

<b>Case Number:</b>	CM15-0109149		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Pain Management

### 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 injured worker is a 51 year old male, who sustained an industrial injury on 5/08/2007. Diagnoses include lumbar spinal stenosis, lumbar spondylosis, lumbar degenerative disc disease, lumbar radiculopathy and CRPS involving the left knee. Treatment to date has included diagnostics, physical therapy, spinal cord stimulator, surgical intervention of the left knee, injections and medications including Lidoderm patches, Naprosyn and Prilosec. Per the Primary Treating Physician's Progress Report dated 4/07/2015, the injured worker reported constant low back pain rated as 6-7/10. Physical examination of the low back revealed significant tenderness to palpation over the lumbar spine with decreased, painful ranges of motion in flexion, extension, lateral flexion and rotation. Lower extremity exam revealed moderate atrophy of the left thigh and calf compared to the right. There was hyperalgesia of the left knee and left lower leg with limited left knee range of motion. The plan of care included, and authorization was requested for 10 sessions of functional restoration program (50 hours/5 days a week for 2 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 sessions of a Functional Restoration Program (50hrs, 5 days a week for 2 weeks):**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) 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 have been addressed. Within the medical information available for review, it appears that the criteria above have been met. The patient has significant functional deficits despite extensive treatment. He has undergone multidisciplinary evaluation and been cleared for the program by medical, PT, and psychology providers. The provider indicates motivation to change and negative predictors of success do not appear to be present. In light of the above, the currently requested functional restoration program is medically necessary.