

<b>Case Number:</b>	CM15-0018471		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 28, 2007. In a Utilization Review Report dated January 9, 2015, the claims administrator failed to approve a request for a 10-day trial of the functional restoration program. The claims administrator referenced a functional restoration program evaluation of December 17, 2014, in its determination. The applicant's attorney subsequently appealed. On December 17, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 7/10. The applicant reported diminished sitting, standing, walking tolerance. The applicant reported difficulty with activities of daily living. The applicant reported issues with cooking, cleaning, standing for protracted amounts of time. The applicant was given diagnosis of mood disorder, mood disturbance and chronic nonspecific low back pain. The applicant was deemed medically disabled. The functional capacity evaluation and 10-day functional restoration trial were endorsed to improve the applicants sitting and standing tolerance as well as improve the applicant's ability to perform activities of daily living such as self-care, personal hygiene, and grooming.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10-day trial of the Functional Restoration Program:** Upheld

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

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

**Decision rationale:** 1. No, the proposed 10-day trial of a functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program includes evidence that an applicant is willing make an effort to try and improve and is willing to forgo secondary gains, including disability payments and/or indemnity benefits, in an effort to try and improve. Here, however, the attending provider suggested has been deemed permanently disabled and is, thus, unlikely to forgo disability and/or indemnity benefits in an effort to try and improve. The applicant was described as significantly depressed on the December 17, 2014 office visit, it is further noted. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of a functional restoration program should be reserved for applicants in whom there is an absence of other options likely to result in significant clinical improvement. Here, the applicant's psychological and/or psychiatric issues have not been seemingly addressed in an adequate manner. The applicant was not using any psychotropic medications on the December 17, 2014 office visit on which the functional restoration program was endorsed, along despite the fact that the applicant had significant mental health complaints on that date. Therefore, the request was not medically necessary.