

<b>Case Number:</b>	CM15-0111791		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: 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 injured worker is a 48-year-old female, who sustained an industrial injury on 6/29/12. The injured worker has complaints of back pain. The diagnoses have included lumbar degenerative disc disease at L4-L5; chronic pain syndrome and depression and anxiety. Treatment to date has included home exercise program; medications; physical therapy; chiropractic care; acupuncture and injections; left L4-5 microlaminotomy, foraminotomy abduction discectomy on 10/18/13; magnetic resonance imaging (MRI) on 8/27/12 revealed disc herniations at multiple levels; electrodiagnostic dated 2/14/13 documented consistent with lumbosacral radiculopathy at left L5 more than S1 (sacroiliac) root level; lumbar spine magnetic resonance imaging (MRI) on 6/19/14 documented post- surgical changes at the L4-5 level with a broad based left lateral disc bulging and mild lateral recess stenosis as well as mild foraminal narrowing and Functional Restoration Program. The first week of the program has resulted in better social functioning and several objective measures of activity have improved. The request was for additional 60 hours (2 weeks, 10 days) of Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 60 hours (2 weeks, 10 days) of Functional Restoration Program:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Functional restoration programs (FRPs) Page(s): 30-31; 49.

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

**Decision rationale:** MTUS Guidelines recommend a check point prior to completion of a functional restoration program. If there are functional gains being realized continuation/ completion of such a program is recommended (within Guideline limits for total program length). This individual meets the Guideline criteria to extend the program. Several objective measures of functional (physical and social) levels have improved. The request for an additional 60 hours (2 weeks, 10 days) of Functional Restoration Program is supported by Guidelines and is medically necessary.