

<b>Case Number:</b>	CM15-0115463		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/18/2005
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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

### 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 53 year old male, who sustained an industrial injury on 08/18/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having mechanical low back pain, degenerative joint disease of the lumbar spine, and myofascial low back pain. Treatment and diagnostic studies to date has included medication regimen, home exercise program, and a functional capacity evaluation. In a progress note dated 05/14/2015 the treating physician reports complaints of constant, sharp pain across the low back to the bilateral anterior thighs along with weakness to the lower extremities with severe pain to the low back. Examination reveals limited range of motion to the back secondary to pain, limited range of motion to the lower extremities, tenderness on palpation across the low back, and decreased reflexes to the bilateral lower extremities. The injured worker's pain level is rated an 8 out of 10 without his medication regimen and is a 5 out of 10 with his medication regimen. The treating physician requested a functional restoration program evaluation noting prior functional capacity evaluation, but did not indicate the specific reason for the requested evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

**Decision rationale:** The patient underwent recent FCE with findings of inconsistent effort and increased post FCE pain rating from 5 to 7/10. The patient remains functionally unchanged for this chronic injury. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to any form of functional work status for this chronic injury of 2005 as the patient has remained functionally unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered. There is also no psychological issue or diagnoses meeting criteria for functional restoration program. The Functional Restoration Program Evaluation is not medically necessary and appropriate.