

<b>Case Number:</b>	CM15-0122584		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 47 year old male, who sustained an industrial injury on December 14, 2012. He reported a persistent flare of his back pain. The injured worker was diagnosed as having lumbar degenerative disc with back pain, rule out facet syndrome and thoracolumbar scoliosis. Treatment to date has included diagnostic studies, physical therapy, chiropractic treatment and medication. On March 6, 2015, the injured worker complained of pain in the left side of the back. The pain is made worse by lifting and lying on his side. He reported that his medication and massage makes the pain better. The treatment plan included medication, an initial evaluation for a functional restoration program, a psychiatric evaluation for treatment of depression and a follow-up visit. On June 3, 2015, Utilization Review non-certified the request for lodging accommodation times twenty four days for a functional restoration program, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lodging accommodation for 24 days for functional restoration program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** The Official Disability Guidelines state that the total treatment duration for functional restoration programs should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed). The request is for lodging for 24 days, which is more days than is allowed for the program itself by the Official Disability Guidelines if the program were to be authorized for its maximum duration. In addition, the question was raised twice whether a similar program was available closer to the patient's home, but there is no documentation that the question was addressed. Lodging accommodation for 24 days for functional restoration program is not medically necessary.