

<b>Case Number:</b>	CM15-0129369		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/05/2007
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, New York, 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 32-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 5, 2007. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for a functional restoration program evaluation. The claims administrator referenced a January 15, 2015 progress note and RFA form received on June 8, 2015 in its determination. The applicant's attorney subsequently appealed. On September 18, 2014, the applicant received refills of Flexeril and Tylenol No. 3. Ongoing complaints of low back pain were reported. The applicant's work status was not clearly reported. On May 29, 2015, the applicant reported ongoing complaints of low back pain, reportedly attributed to myofascial pain syndrome. A rather proscriptive 10-pound lifting limitation was endorsed. In an attached template letter and RFA form of May 29, 2015, authorization was sought for a functional restoration program 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, low back,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs, early intervention Page(s): 6; 32.

**Decision rationale:** No, the proposed functional restoration program evaluation for the leg was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, here, however, there was no mention of the applicant's willingness to make the effort to try and improve. The May 29, 2015 authorization letter was highly template and did not clearly state whether the applicant was in fact willing to forgo disability and/or indemnity benefits in an effort to try and improve. The applicant's work status was not clearly outlined on May 29, 2015. It was not stated whether the applicant was or was not working with a 20-pound lifting limitation in place. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that some of the criteria for pursuit of functional restoration program include evidence that previous methods of treatment chronic pain had proven unsuccessful and there is an absence of other options likely to result in significant improvement and/or that an applicant has a significant loss of ability to function independently resulting from chronic pain. Here, again, the applicant's work status was not clearly outlined on May 29, 2015. It was not clearly stated why the applicant could not continue his rehabilitation through less intensive means, such as via conventional outpatient office visits, home exercises, returning to work, etc. Therefore, the request was not medically necessary.