

<b>Case Number:</b>	CM15-0131215		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Pennsylvania, Ohio, 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 59 year old female who sustained an industrial injury on March 15, 2012. She has reported low back pain and has been diagnosed with stenosis spinal lumbar. Treatment has included injections, medications, modified work duty, medical imaging, chiropractic care, and surgery. There was spasm and guarding noted in the lumbar spine. The muscle tone of the trapezius was increased. There was palpable tenderness. There was tenderness to the paraspinal muscles. The treatment request included an initial evaluation for functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Evaluation for Functional Restoration Program Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-34.

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

**Decision rationale:** MTUS provides very detailed criteria for consideration of an FRP or FRP evaluation. These criteria include the absence of any remaining alternative treatment options. This patient has not yet completed post-operative rehabilitation after recent spinal surgery, nor has the patient completed treatment for pain status post a recent motor vehicle accident. An FRP would not be indicated until after all current planned vocational and non-vocational treatment has been completed. Therefore, this request is not medically necessary.

