

<b>Case Number:</b>	CM15-0134478		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	07/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Hawaii

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 63 year old female who sustained an industrial injury on 04-16-2013. A review of the medical records indicated that the injured worker is undergoing treatment for mood disorder due to chronic pain syndrome and axial low back pain secondary to a L1 biconcave compression fracture with a 50% loss of height. The injured worker is not a surgical candidate. According to the treating physician's progress report on 07-08-2015, the injured worker continues to experience positive results with individual psychotherapy sessions utilizing relaxation techniques to improve sleep. The injured worker is walking regularly. The injured worker has fear related to movement and re-injury. Psychologically the injured worker experiences mood symptoms which exacerbate her pain. The injured worker shows good motivation and engages in treatment. According to the report dated 05-15-2015 the lumbar spine had very limited range of motion in all planes due to pain. Motor strength of the bilateral lower extremities was intact with bilateral patellar reflexes intact but absent at the bilateral ankles. Palpable taut bands along the thoracic and lumbar paraspinal and rhomboids muscles on the left were documented. Palpation causes a positive twitch response with referred pain. Prior treatments have included diagnostic testing, chiropractic therapy, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, psychology evaluation and 6 individual pain psychology sessions and medications. Current medication was noted as Advil. Treatment plan consists of the current request for functional restoration program (FRP) 5 days a week for 6 weeks. On 07-12-2015 the Utilization Review modified the request for functional restoration

program (FRP) 5 days a week for 6 weeks to functional restoration program (FRP) 5 days a week for 2 weeks (8 hours a day).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional restoration program for 5 days per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The patient presents with chronic pain syndrome and mood symptoms. The current request is for Functional Restoration Program for 5 days per week for 6 weeks. The treating physician states, in a report dated 07/08/15, "Admission to the Feinberg Medical Group Functional Restoration Program 5 days per week for 6 weeks." (20B) The MTUS guidelines state "treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." In this case, the treating physician, based on the records available for review, states "The patient underwent a thorough evaluation, which included baseline functional testing, so follow-up with the same tests can note functional improvement. Previous treatments of her chronic pain have been unsuccessful, and this has included long periods of rest, physical therapy, chiropractic care, psychological care, and medications. She is not a candidate for interventions and is not a surgical candidate per surgeon [REDACTED]. She has demonstrated a significant loss of ability to function independently because of her pain. She is motivated to change so that she can return to work. The negative predictors of success were addressed today and were not found to be a barrier to her participation in a formal functional restoration program." (21B) However, guidelines recommend no more than two weeks initially, which is what the UR Decision Letter dated 07/13/15 modified the request to authorize. Therefore, the current request is not medically necessary.