

<b>Case Number:</b>	CM15-0065099		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 34-year-old female who sustained an industrial injury on 03/10/2013. She reported low back pain. The injured worker was diagnosed as having status post fall; post traumatic myofascial pain syndrome; coccydynia; lumbosacral radiculopathy; lumbosacral sprain/strain injury. Treatment to date has included exercises in a functional restoration evaluation program including physical therapy to the lumbar, Tai Chi, and oral and topical medications. The IW also received epidural steroid injections under fluoroscopy to the lumbar epidural space at level L4-L5. Currently, the injured worker complains of ongoing pain in her low back and tailbone. The treatment plan is to continue to use current medications of Ketoprofen cream and Tylenol #3, and complete the functional restoration program (FRP). The additional FRP and transportation is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional functional restoration program 2 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs)) p30-32 (2) Functional restoration programs (FRPs) p49 Page(s): 30-32, 49.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain. She is participating in a functional restoration program with reported benefit including improved strength, endurance, and flexibility. Being requested is an additional 2 weeks in the program to complete treatments and transportation. The requesting provider documents that the claimant has difficulty attending treatments due to transportation problems and that family member had previously been able to drive her. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, there is no return to work plan and therefore the request is not medically necessary.

**Transportation to and from the functional restoration program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs)) p30-32 (2) Functional restoration programs (FRPs) p49 Page(s): 30-32, 49.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain. She is participating in a functional restoration program with reported benefit including improved strength, endurance, and flexibility. Being requested is an additional 2 weeks in the program to complete treatments and transportation. The requesting provider documents that the claimant has difficulty attending treatments due to transportation problems and that family member had previously been able to drive her. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, there is no return to work plan and therefore the continued functional restoration program including transportation are not medically necessary.