

<b>Case Number:</b>	CM15-0065223		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<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: 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 60-year-old who has filed a claim for chronic neck and low back pain (LBP) reportedly associated with an industrial injury of September 27, 2013. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve a request for 12 sessions of a functional restoration program. The claims administrator referenced a RFA form received on March 12, 2015 in its determination. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of neck and low back pain, 6-7/10. A functional restoration program was apparently proposed while the applicant was placed off of work, on total temporary disability. Acupuncture was also sought, along with a multimodality transcutaneous electrotherapy device, spine surgery consultation to evaluate the applicant's lumbar compression fracture, and additional acupuncture. Computerized range of motion and strength testing were also endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 supervised functional restoration program visits for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 109, 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** No, the proposed 12 supervised functional restoration program visits was not medically necessary, medically appropriate, or indicated here. As noted on page 30 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic pain programs are recommended only when there is access to programs with proven successful outcome. Here, the outcomes of the program in question were not clearly detailed. The applicant likewise failed to meet criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a chronic pain program or functional restoration program. Specifically, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines notes that one of the cardinal criteria for pursuit of functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another criterion for pursuit of a chronic pain program and functional restoration program is evidence that an applicant is willing to forego secondary gains, including disability benefits, in an effort to effect said change. Here, however, all evidence on file pointed to the applicant seems intention to maximize disability and indemnity benefits. The applicant was off of work, on total temporary disability, as of the date of the request. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant was intent on foregoing disability and/or indemnity benefits in an effort to try and improve. The attending provider also ordered acupuncture on February 26, 2015. A spine surgery consultation to evaluate the applicant's lumbar compressive fracture was also proposed, along with a multimodality transcutaneous electrotherapy device. Thus, there were seemingly a variety of other treatments which, if successful, would have obviated the need for the functional restoration program. Therefore, the request was not medically necessary.