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| <b>Case Number:</b>   | CM15-0070867 |                              |            |
| <b>Date Assigned:</b> | 04/20/2015   | <b>Date of Injury:</b>       | 04/02/2012 |
| <b>Decision Date:</b> | 05/20/2015   | <b>UR Denial Date:</b>       | 04/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/14/2015 |

### 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

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 30-year-old male, who sustained an industrial injury on 4/2/2012. He reported a slip and fall injury of the low back, left foot and left hand. The injured worker was diagnosed as having lumbago, lumbar radiculitis, and depression. Treatment to date has included rest, medications, physical therapy. The request is for 10 days of functional restoration program. On 3/27/2015, he complained of low back pain with radiation into the legs and feet. He rated his back pain as 7/10. He indicates his pain is relieved by rest, and medications. He has completed 4 days of functional restoration program and is reported to be participating. The treatment plan included request for an additional 10 days of functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten days of 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 functional restoration programs Page(s): 49.

**Decision rationale:** Based on the 3/27/15 progress report provided by the treating physician, this patient presents with low back pain radiating to bilateral legs/feet, with pain rated 7/10 on VAS scale. The treater has asked for TEN DAYS OF FUNCTIONAL RESTORATION PROGRAM on 3/27/15 "in order to avoid any lapse in treatment." The request for authorization was not included in provided reports. The patient is currently in his first week of a functional restoration program, and has completed 4 days (20 hours) of the authorized 10 days (50 hours) of the functional restoration program per 3/27/15 report. The patient's current medications are Tramadol, Lidoderm patches, and Menthoderm topical lotion per 3/27/15 report. The patient is temporarily totally disabled. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." In this case, the patient has completed 1 week of a functional restoration program with unspecified benefit, which equals 20 hours of the authorized 50 hours. The patient currently has 6 days 30 hours of the functional restoration program remaining as of 3/27/15 report. The treater is requesting an addition 10 days of FRP. MTUS recommends that 80 hours, or a 2-week course, be completed initially before the allowance of additional hours, if significant improvement has been demonstrated. As the patient has completed 20/50 hours or 6/10 days without mention of progress, an additional 50 hours or 10 days is not in accordance with MTUS guidelines. The requested additional 10 days of a functional restoration program ARE NOT medically necessary.