

<b>Case Number:</b>	CM15-0096263		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: 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:

This 52-year-old man sustained an industrial injury on 10/18/2012. The mechanism of injury is not detailed. Diagnoses include lumbar disc displacement without myelopathy and sleep disturbance. Treatment has included oral medications. Physician notes dated 4/3/2015 show complaints of low back and right lower extremity pain rated 4/10. Recommendations include Ambien, Morphine Sulfate, Norco, Omeprazole, lumbar spine MRI, spinal cord stimulator, functional rehabilitation program, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (64 hours, initial trial):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**Decision rationale:** The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for

inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Although it appears from the available documentation that the injured worker is a good candidate for a functional restoration program, 64 hours initial trial is outside the recommendations of the established guidelines of a two-week trial. The request for Functional Restoration Program (64 hours, initial trial) is not medically necessary.