

<b>Case Number:</b>	CM15-0098327		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/11/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Emergency 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 injured worker is a 46 year old male who sustained an industrial injury on October 11, 2014. Mechanism of injury is from lifting injury. He has reported lower back pain and has been diagnosed with thoracolumbar strain. Treatment has included physical therapy which has reportedly helped in pain and function. Patient reportedly is back to work on modified duty. Objective findings note pain with range of motion but no pain on palpation and no other deficits noted. MRI of thoracic and lumbar spine on 1/27/15 revealed diffuse small disc bulges in thoracic region and some diffuse degenerative changes in lumbar region. The treatment request included a consultation for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation for functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

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

**Decision rationale:** As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. Patient does not meet a single criteria for recommendation for Functional Restoration Program. Basic requirement is a failure of chronic pain management and significant deficits from pain. Patient has not failed any pain management and has mild deficits and pain. Provider has also failed to document assessment of issues impending recovery prior to consultation. Functional Restoration Program is not medically necessary.