MAXIMUS Federal Services

| Case Number: | CM13-0011923 | | |
|---|---|---|---|
| Date Assigned: | 03/19/2014 | Date of Injury: | 05/21/2005 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 07/25/2013 |
| Priority: | Standard | Application Received: | 08/15/2013 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 is a 67-year-old female patient who sustained an industrial injury on 05/21/05. Diagnoses include neuropathic fusion, chronic pain syndrome, depression, insomnia, facet arthropathy, sciatica, and degenerative disc disease of the lumbar spine. The mechanism of injury occurred when assisting a patient at the hospital when a cart was pushed, resulting in her fall on her right buttock. Previous treatment to date has included L4-L5 fusion, functional restoration program, psychotherapy, piriformis injections, radiofrequency lesioning, transforaminal epidural steroid injections, and medication management. Diagnostic workup has included x-ray of the head, x-rays lumbosacral spine, MRI of the lumbosacral spine, MRI of the right hip, CT of the lumbar spine, x-ray of the pelvis. On 07/24/13, a request for a functional restoration program at [redacted] 4 days a week for 5 weeks (20 days) plus monthly follow-ups 6 (each monthly follow-up as a complete FRP day) was denied at utilization review with the reviewing physician noting that the patient was approved for a 10 day functional restoration program, as guidelines indicate only 10 days of initial treatment, with an additional 10 days being available pending review of progress with initial treatment. Most recent progress note dated 07/10/13 reveals the patient presented with a constant dull achy pain in her lower back with shooting pain radiating down her right lower extremity. Current medications include Advil, Tylenol, Metformin, Pantoprazole, Levothyroxine, Sertraline, Simvastatin, and Acidophilus. Pain was rated at 5/10. Physical examination revealed the patient ambulates with a cane and an antalgic gait to the right. It is noted that the patient has difficulty getting up from a seated position. On inspection of the lumbar spine, the patient has a midline scar. There is atrophy to her right quadriceps and significant tenderness to palpation of the lumbar paraspinals including her PSIS notch. Right hip motor strength is 4/5 and right knee extension is 4/5. Reflexes are 1+ and symmetrical. The patient has a positive straight leg raise and a positive Faber's test. Treatment

plan includes a 20 day functional restoration program, medication management, physical therapy, biofeedback, pain support group, relaxation training, psycho educational lectures, nutrition lectures, yoga, and tai chi.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM AT [redacted] 4 DAYS A WEEK FOR 5 WEEKS (20 DAYS) PLUS MONTHLY FOLLOWUPS TIMES 6 (EACH MONTHLY FOLLOW UP AS A COMPLETE FRP DAY):** 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 Functional Restoration Programs Page(s): 49.

**Decision rationale:** The California MTUS regarding Functional Restoration Programs states, "Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains... Total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities)." Documentation identifies ongoing symptoms and functional impairment despite conservative care rendered to date. Documentation contains a thorough evaluation which has identified physical barriers to return to work and psychological factors that may represent a barrier to recovery. Utilization of a functional restoration program would be supported by guidelines in this context; however, only 10 days of initial treatment is indicated by guidelines, with an additional 10 days being available pending review of progress with initial treatment. Therefore, the request for functional restoration program at [redacted] 4 days a week for 5 weeks (20 days) plus monthly follow-ups 6 (each monthly follow-up as a complete FRP day) is not medically necessary.