

<b>Case Number:</b>	CM14-0143401		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/20/1998
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 70 year old male electrician supervisor with a date of injury on 11/20/1998 from cumulative lifting. He had chronic lumbar pain prior to this date of injury. He is P&S for his back and neck. He has diabetes, hypertension and hyperlipidemia. In 1998 he had L3, L4 and L5 laminectomy with L3-L4 discectomy. In 07/2002 he had a right rotator cuff repair. In 2011 he had facetectomies and faraminotomies in L4, L5, S1. He has a past history of bilateral carpal tunnel release. He has a chronic adjustment disorder. He is receiving social security disability benefits. He has been treated with medication, acupuncture, chiropractic care, physical therapy and injections. His medication includes gabapentin, Fluoxetine, Ultram, Trazodone, Viagra, Metformin, Lisinopril, Omeprazole, Niacin and Fexmid. He is able to bicycle to the coffee shop.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 80 Hrs of a Functional Restoration Program for Lumbar Spine:** Upheld

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

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

**Decision rationale:** He has had decades of low back pain that started prior to the date of injury on 11/20/1998. He can cycle to the coffee shop. MTUS, Chronic Pain. Functional restoration program notes that the benefits of these programs diminish over time and this patient has a long history of not working for the past 15 to 16 years. He is 70 years old with diabetes, hypertension, hyperlipidemia and an adjustment disorder and there is no functional restoration program that will alter those issues. He had pain avoidance behaviors when consideration for previous requests for physical therapy were made. MTUS notes that research is still pending about how to most appropriately screen for these programs. The patient does not require a functional restoration program for return to work at this point in time.