

<b>Case Number:</b>	CM13-0016458		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	06/15/1998
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. 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: Pennsylvania, Ohio, 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 70 year old female, who sustained an industrial injury on 6/15/1998. On 8/26/13, the injured worker submitted an application for IMR for review of 1 Outpatient Functional Restoration Program Evaluation for Chronic Neck and Low Back Pain. The treating provider has reported the injured worker complained of cervical and lumbar pain. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included status post fifth metatarsal fracture/surgical repair, chiropractic care, physical therapy, injections. On 8/8/13 Utilization Review non-certified 1 Outpatient Functional Restoration Program Evaluation for Chronic Neck and Low Back Pain. The ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 OUTPATIENT FUNCTIONAL RESTORATION PROGRAM EVALUATION FOR CHRONIC NECK AND LOW BACK PAIN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/chronicpain; table 2, summary of recommendations, chronic pain disorders>.

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

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on chronic pain programs/Functional Restoration Programs discuss criteria in detail for a functional restoration program. An functional restoration program evaluation is recommended if a patient is thought to meet basic criteria for a functional restoration program. These criteria for a functional restoration program include that there are no alternate treatments available and that negative predictors of success have been addressed. The medical records in this case provide only limited documentation of the patient's current physical examination and functional deficits. Most notably, the medical records do not clearly document past attempts at unimodal mental health treatment including cognitive behavioral therapy. A functional restoration program evaluation would not be indicated until such mental health assessment and treatment options have been explored. Therefore, this request is not medically necessary.