

<b>Case Number:</b>	CM13-0019859		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 49 year old employee with date of injury of 1/14/2011. Medical records indicate the patient is undergoing treatment for chronic pain due to trauma, facet arthropathy; lumbrosacral radiculopathy; degenerative disk disease; failed lumbar back surgery syndrome; depression and mylgaia/myositis. Status post L5-S1 laminectomy decompression. Subjective complaints include worsening upper to lower back pain which radiates. Complains of low back pain radiating to mid-thoracic and down both legs. Objective findings include antalgic gait; lumbar paraspinous tone and moderate spasms; maximum tenderness radiculopathy. Treatment has consisted of epidural steroid injection; facet "CSI" or "MBNB"; Morphine sulfate; Cymbalta; Butrana and Cyclobenzaprine. The utilization review determination was rendered on 8/26/2013 recommending non-certification of PROSPECTIVE REQUEST: ONE (1) CONSULTATION FOR FUNCTIONAL RESTORATION PROGRAM BETWEEN 8/20/2013 AND 10/4/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request: One (1) Consultation for Functional Restoration Program between 8/20/2013 and 10/4/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition; Chapter 7-Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-34, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs.

**Decision rationale:** MTUS states Long-term evidence suggests that the benefit of these programs diminishes over time, Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. and Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS states, Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. ODG states concerning chronic pain programs (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function. While the treating physician does document the use of opioids and anti-depressants, the treating physician has not provided detailed documentation of chronic pain treatment trials and failures to meet all six MTUS criteria for a chronic pain management program. As such the request for one (1) consultation for functional restoration program between 8/20/2013 and 10/4/2013 is not medically necessary.