

<b>Case Number:</b>	CM13-0022331		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 62-year-old male who reported a work-related injury on 04/21/2006 due to a fall. His diagnoses include chronic lower back pain with lumbosacral degenerative disc disease with flare up, bilateral lower extremity paresthesias, right worse than the left with flare up, chronic pain syndrome and opioid dependence. The patient has undergone conservative treatment to include epidural steroid injections and physical therapy. The patient also underwent surgery to his left shoulder. The patient completed a chronic pain management functional restoration program in 2007. The patient's medications include Kadian, hydromorphone, baclofen, and Neurontin. The request is for physical therapy evaluation to assess if appropriate candidate for functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation to assess if appropriate candidate for FRP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31,32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

**Decision rationale:** The most recent clinical note submitted for review dated 10/18/2013 stated the patient reported a pressure sore to this right foot due to his altered gait from his lower back pain. He was wearing an orthotic shoe. The patient was noted to be stable on Kadian 80 mg 1 tablet 3 times a day and hydromorphone 2 mg 1 tablet twice a day. He was also noted to be taking baclofen and Neurontin. The patient reported he would like to continue tapering down on his medication as long as his functional restoration program is approved for detox. Physical exam noted tenderness of palpation to his lumbar paraspinals. Motor strength of bilateral hip flexion was 5/5, knee flexion and extension 5/5, and ankle dorsiflexion and plantar flexion was 5/5. It was noted that the patient was to undergo a functional restoration program to help him get off narcotic medication. He was also awaiting an updated lumbar MRI. The patient's prescription of Kadian and hydromorphone were refilled on this date. California Medical Treatment Guidelines for Chronic Pain state that a prevalence of opioid use is a variable which has been found to be a negative predictor of efficacy of treatment with a functional restoration program. There is a lack of documentation submitted stating that previous methods of treating the patient's chronic pain had been unsuccessful. It was noted in the clinical documentation submitted for review that the patient would be using the functional restoration program to help him get off narcotic medications. This is not listed as the main function of a functional restoration program. There was also a lack of significant functional deficits noted for the patient to warrant attending a functional restoration program. Given the above, the request for physical therapy evaluation to assess if appropriate candidate for FRP is non-certified.