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| <b>Case Number:</b>   | CM13-0026316 |                              |            |
| <b>Date Assigned:</b> | 11/22/2013   | <b>Date of Injury:</b>       | 09/27/2004 |
| <b>Decision Date:</b> | 01/31/2014   | <b>UR Denial Date:</b>       | 09/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2013 |

### 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 and Rehabilitation, has a subspecialty in Pain Management, 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 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.

### 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 female patient with a date of injury of 9/27/04. A utilization review determination dated 9/9/13 recommends non-certification of an FRP consultation as the patient had recently had lumbar spine surgery and was undergoing physical therapy for postoperative rehabilitation. The reviewer also noted that the patient's pain had improved by about 50% and there was no clear documentation of loss of function after the surgery. A progress report dated 8/22/13 identifies subjective complaints including, "back pain radiated to the left ankle, right ankle, left arm, and left calf." Objective examination findings are noted to be normal. Diagnoses state, "acquired spondylolisthesis; low back pain; sciatica; chronic pain syndrome; COAT; facet arthropathy; degenerative disc disease lumbar; muscle spasms." Treatment plan recommends, "she states that she had back surgery done on 7/24/13, she states that her pain levels have been improving since surgery, 50% pain decrease in her left leg pain and back pain, has a PT visit twice per week at home and she is continuing to walk as much as possible. In terms of more definitive treatment, we would like her to have a consultation with an FRP to see how she fares so that she can learn pain coping skills."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

**Decision rationale:** The Physician Reviewer's decision rationale; The Chronic Pain Medical Treatment Guidelines supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, the patient was noted to have recently undergone back surgery and was participating in postoperative physical therapy. She was also noted to have 50% improvement in pain since the surgery. Therefore, it appears that surgery has provided some success in treating the patient's pain, and there is no documentation of significant functional deficits impairing the patient's ability to function independently after surgery. Furthermore, there is no documentation identifying that would not be a candidate for additional surgery or other treatments to address any residual pain and functional deficits after rehabilitation from surgery has been completed. The request for a functional restoration program is not medically necessary or appropriate.