

<b>Case Number:</b>	CM13-0042707		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/28/2001
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 and Pain Management, has a subspecialty in Interventional Spine 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. 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 is a 57 year-old male with a December 28, 2001 industrial injury claim. He has been diagnosed with chronic intractable low back pain; major depression and inguinal hernia. The IMR application shows a dispute with the October 16, 2013 Utilization Review (UR) decision. The October 16, 2013 UR decision was from [REDACTED] and was for modification of a functional restoration program (FRP) 4 days/week, 5hr/days for 32 sessions to allow the initial 2-weeks of the program 4days/week 5hr/day for total of 40 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program for four (4) days per week, five (5) hour treatment days for 32 sessions (160 hours):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Section. Page(s): 30-32.

**Decision rationale:** The September 10, 2013 report by [REDACTED], the psychologist who is involved in the FRP, states the patient is a candidate for a 160 hour FRP. The California MTUS

guidelines have specific and detailed criteria for FRPs. These include: 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; and (6) Negative predictors of success above have been addressed. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. The medical reports do not discuss whether the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and the negative predictors of success above have not been addressed. Furthermore, the California MTUS guidelines states: "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains". The California MTUS guideline criteria for a functional restoration program have not been met, and the program will exceed guideline recommendation of 2-weeks to evaluate for functional improvement. Therefore the request is not certified.