

<b>Case Number:</b>	CM13-0048430		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Occupational Medicine 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:

The applicant is a represented former [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture, unspecified amounts of myofascial release; unspecified amounts of physical therapy, chiropractic therapy, massage therapy; two prior epidural steroid injections; and adjuvant medications. In a Utilization Review Report of October 29, 2013, the claims administrator denied a request for an initial 80-hour trial of participation in an outpatient Functional Restoration Program. The claims administrator wrote there was no clear basis for the applicant's pain. The applicant's attorney subsequently appealed. In a functional restoration program multidisciplinary initial report of September 12, 2013, it is stated that the applicant is a nonoperative candidate. The applicant apparently consulted a spine surgeon who told him that he cannot pursue a surgical remedy. The applicant is having ongoing issues with low back pain radiating to the legs. The applicant is on Vicodin, Topamax, Flexeril, and Protonix. The applicant is apparently limited in terms of lifting capacity. The applicant is also having fear issues, avoidance issues, and psychosocial barriers. The applicant also has financial concerns. He is reportedly depressed with a Global Assessment of Functioning (GAF) of 54. It is stated that the applicant is not a candidate for other treatments which are likely to result in significant improvement here. It is stated that the applicant is increasingly frustrated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eighty (80) hours of initial trial of participation in Functional Restoration Program related to lumbar spine injury, as an outpatient: Overturned**

**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 Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of an outpatient functional restoration program include evidence that an adequate and thorough precursor evaluation has been made, evidence that previous means of treating chronic pain have been unsuccessful and that there is an absence of other options likely to result in significant and clinical improvement, the applicant has a significant loss of ability to function independently resulting from the chronic pain, the applicant is not a candidate for surgery or other treatments, the applicant exhibits a motivation to change and is willing to forego secondary gains. In this case, it is seemingly suggested that the applicant meets these criteria. He has apparently tried and failed other treatments, including time, medications, physical therapy, injections, etc. He is not a candidate for surgery. He is reportedly intent on improving. He has apparently tried and failed outpatient cognitive behavioral therapy counseling. He has not made any improvement to date with lesser levels of care. He is reportedly described as motivated to return to work and apparently willing to forego disability payments. For all of these reasons, then, a trial functional restoration program was indicated and appropriate. Therefore, the request is certified, on Independent Medical Review.