

<b>Case Number:</b>	CM13-0061548		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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:

The patient is a 34 year old male who was injured on 01/26/2011 and experienced lower back region pain while unloading a container. Prior treatment history has included physical therapy. His medications include Norco, Flexeril, and sleeping pills. The patient has a substance abuse history for alcohol, last used a month ago. He denies any DUI history. Right now he drinks about once or twice a month. He also has a substance abuse history for marijuana. He smoked marijuana 2 to 3 times per week from 1988 to 2000. He denies any use of methamphetamine, cocaine, ecstasy, or opioids. Diagnostic studies reviewed include MRI of the lumbar spine showing bulging from L3 to S1 (date not given). Progress note dated 10/29/2013 documented the patient complaints of low back symptoms. He has gained 55 pounds. Objective findings on exam reveal tenderness along the lumbosacral areas noted, and positive facet loading. The patient was diagnosed with discogenic lumbar condition with facet inflammation status post radiofrequency. It is documented that it was felt by the physician that the patient would be a candidate for a functional restoration program; however, there was no provided formal request for it. Prior Utilization Review dated 11/21/2013 has modified the request of functional restoration programs to functional restoration program consultation only.

### 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:** 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) Page(s): 30-32.

**Decision rationale:** The CA MTUS recommends functional restoration programs for patients with conditions that put them at risk of delayed recovery. It also states that 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. It is not documented in the medical records provided that the patient meets all these criteria. Therefore; based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.