

<b>Case Number:</b>	CM13-0068542		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 & 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 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:

This is a patient with a date of injury of 8/2/12. A utilization review determination dated 12/17/13 recommends non-certification of a functional restoration program. It notes conflicting information from providers, as one notes helpfulness with medication, TENS, PT, and chiropractic, while another notes that they are not helpful. 10/18/13 FRP evaluation identifies low back pain into the legs. He is not interested in injection therapy or surgical intervention as he is afraid of surgery and needles. He feels that his pain will get worse because of injection therapy itself. PT and medication have not decreased the pain. Lumbar ROM is limited with decreased sensation in the medial calves bilaterally. There is left EHL weakness 4/5. Lumbar facet loading is positive bilaterally with referred pain in the bilateral L4 and L5 distributions. He has severe symptoms of depression, including a recent suicide attempt in which he tried to jump out of a fast-moving vehicle. He has never seen a therapist or psychiatrist. He also experiences anxiety and paranoia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM AT THE SPINE CLINIC [REDACTED]  
[REDACTED] FOR 2 WEEKS (50 HOURS): 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 and 49.

**Decision rationale:** Regarding the request for a Functional Restoration Program at the Spine Clinic [REDACTED] for 2 Weeks (50 Hours), California MTUS supports chronic pain programs/functional restoration programs when: An adequate and thorough evaluation has been made; 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 have been addressed. Within the documentation available for review, the patient is noted to have severe symptoms of depression, anxiety, and paranoia, and recently attempted to commit suicide by jumping out of a fast-moving vehicle. A high level of psychosocial distress is noted to be a negative predictor of success per the CA MTUS. Additionally, it appears that the patient may be a candidate for injection therapy and/or surgery, but is not interested in these options due to a fear of surgery and needles, noting that he feels that his pain will get worse because of injection therapy itself. It appears that his psychological condition may be contributing to this fear, but he has never seen a therapist or psychiatrist to address these issues of psychosocial distress. In light of the above issues, the currently requested Functional Restoration Program at the Spine Clinic [REDACTED] for 2 Weeks (50 Hours) is not medically necessary.