

<b>Case Number:</b>	CM14-0003040		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 29, 2012. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; left and right shoulder surgery; earlier cervical fusion surgery; and multiple interventional spine procedures. In a Utilization Review Report dated December 4, 2013, the claims administrator modified a request for a functional restoration program consultation followed by six weeks of functional restoration program as a functional restoration program evaluation alone. The patient's attorney subsequently appealed. An April 12, 2013 progress note was notable for comments that the patient reported persistent shoulder pain, mid back pain, and hip pain. The patient was using OxyContin, Oxycodone, Valium, Wellbutrin, Imitrex, Neurontin, and Nuvigil at that point in time. On January 9, 2014, the patient was again described as reporting persistent low back pain. The patient was again using a variety of agents, including OxyContin, Percocet, Valium, Imitrex, vitamins, Neurontin, and Wellbutrin. It was stated that the patient was limited in terms of performance of sitting and standing secondary to pain intolerance. The patient did exhibit full lower extremity strength and sensation. The patient was asked to pursue a functional restoration program consultation and return to part time work. The patient was given a variety of medication refills and asked to consider epidural steroid injection therapy. An earlier note of October 9, 2013, somewhat incongruously, stated that the patient was not working as of that point in time. An earlier note of November 21, 2013 was notable for comments that the attending provider was seeking authorization for a six-week functional restoration program as well as an initial consultation followed by six weeks of the treatment in question if appropriate. The patient was given a variety of medications, including Flexeril, Medrox patches, and Mentherm, in the interim.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **FUNCTIONAL RESTORATION PROGRAM FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs(Functional Restoration Programs). Page(s): 3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Topic. Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration with functional restoration program should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, however, the patient was already working on a part time basis as of the date the functional restoration program was requested. If anything, this would suggest that the patient would require treatment less than the MTUS-suggested total treatment duration of 20 days. In this case, however, the attending provider has sought authorization for treatment in excess of MTUS parameters without any clear rationale for the same. It was further noted that the MTUS does not endorse treatment for longer than two weeks without evidence of demonstrated efficacy. In this case, the attending provider sought authorization for six weeks of treatment at the outset. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that the precursor evaluation be performed to determine the patient's suitability for the program in question before authorization for the same is sought. In this case, the attending provider, again, sought authorization for the program in question without satisfactory completion of the precursor evaluation. Therefore, the request is not medically necessary, for all of the stated reasons.