MAXIMUS Federal Services

| Case Number: | CM14-0106027 | | |
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| Date Assigned: | 07/30/2014 | Date of Injury: | 01/23/2004 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

## 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 62-year-old female who reported an injury on 01/23/2014. Prior treatments included psychological treatment, stress group therapy, psychology classes, and an attempt at physical therapy. The DWC Form RFA was dated 06/09/2014 for a Functional Restoration Program. The diagnoses included lumbar disc herniation, lumbar radiculitis, depressive disorder, and chronic pain syndrome. The documentation of 05/12/2014 revealed the injured worker had a comprehensive interdisciplinary evaluation. The mechanism of injury was the injured worker was a substance abuse counselor and was reaching down to retrieve medications when she felt a sharp pain in her back. Diagnostic testing was noted to include an EMG/NCV and an MRI of the lumbar spine. Prior treatments included chiropractic physiotherapy, physical therapy, analgesic medications, and acupuncture. It was noted none of these treatment modalities had decreased the injured worker's pain symptoms significantly or resulted in functional improvement. The injured worker had complaints of low back pain with radiation into the posterior and anterior aspects of the bilateral lower extremities all the way to the feet. The pain was associated with tingling and numbness but not with weakness in the bilateral lower extremities. The pain was noted to be decreased with medications, rest, lying down, and relaxing. The injured worker was able to perform self care but with discomfort and at a much slower pace. The injured worker had difficulty dressing herself, especially putting on socks and shoes; cooking, cleaning, and other household chores were difficult. Prior surgeries were stated to be none. The current medications were noted to be metformin and simvastatin. The injured worker had a psychological evaluation. The injured worker had a physical therapy evaluation. Documentation in the physical therapy note indicated the injured worker had attempted to start physical therapy; however, was unable to continue due to pain. The injured worker had 3 sessions with acupuncture which did not alleviate symptoms. The treatment plan

included a Functional Restoration Program. The subsequent documentation of 06/15/2014 revealed a treatment plan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**10 days of Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1,Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), Cognitive Techniques and Therapy, and Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program, page 30-32 Page(s): 30-32.

**Decision rationale:** The California MTUS Guidelines indicate the criteria for a multidisciplinary pain management program indicate that an adequate and thorough evaluation must be made, including baseline functional testing so a follow-up with the same test can note functional improvement. There should be documentation previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should be documentation of a significant loss of ability to function independently resulting from chronic pain and there should be documentation the injured worker is not a candidate where surgery or other treatments would be clearly warranted. There should be documentation the injured worker exhibits motivation to change and is willing to fore go secondary gains, including disability payments, to affect this change and there should be documentation that negative predictors of success have been addressed. The clinical documentation submitted for review indicated a thorough and adequate evaluation had been made, that previous methods of treating chronic pain have been unsuccessful, that the injured worker had a significant loss of ability to function independently resulting from chronic pain, that the injured worker was not a candidate where surgery or other treatments would be warranted, that the injured worker exhibited motivation to change and was willing to fore go secondary gains, and that negative predictors of success have been addressed. However, there was a lack of documentation indicating the injured worker had a baseline functional test so follow-up with the same test could note functional improvement. Additionally, the injured worker was unable to participate in a physical therapy program due to pain. There was a lack of documentation indicating the injured worker would have the ability to participate in a Functional Restoration Program for 10 days and that the injured worker's pain had decreased significantly enough to allow her the ability to participate in a function restoration program. Given the above, the request for 10 days of Functional Restoration Program is not medically necessary.