

<b>Case Number:</b>	CM14-0108316		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/13/2001
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 injured worker is a 62 year old male who reported an injury on 07/13/2001. The mechanism of injury occurred due to heavy overhead lifting which caused low back pain. His diagnoses included lumbar disc displacement without myelopathy and post lumbar laminectomy syndrome. His past treatments included acupuncture, surgery, physical therapy, topical creams, medications, multiple lumbar epidural steroid injections, and several lumbar radio frequency ablations. The injured worker's diagnostic exams included multiple MRI's of the lumbar spine, last dating 01/24/2014. His surgical history comprised of a decompression surgery on 10/08/2001, a hemi-laminectomy on 10/08/2001, and a lumbar laminectomy and discectomy of the L4-5, L5-S1. On 06/04/2014, the injured worker complained of chronic low back pain. He reported his pain at 8/10 on the pain scale. He also reported that he was no longer able to go running or do any kind of heavy lifting. The injured worker identified that he is not able to work secondary to the pain but his pain medications do help reduce some discomfort for better function. The physical exam revealed tenderness to the lumbar spins at the lumbosacral junction; a positive straight leg raise to the left leg at 50 degrees; range of motion to the lumbar spine was decreased by 50% with flexion, 40% with extension, and 30% with rotation to the left. He was also noted to have axial loading of the lumbar facet joints were positive for pain. The injured workers medications included Gabapentin and Buprenorphine. The treatment plan encompassed the implementation of a functional restoration program. The rationale for the request was that the injured worker had decreased function and a reduction in his activities of daily living. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program - Unspecified duration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs), Treatment duration. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Criteria for the general use of multidisciplinary pain management programs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 30-32.

**Decision rationale:** The California/MTUS guidelines state that the criteria for admission to a multidisciplinary pain management program include that an adequate and thorough multidisciplinary evaluation has been performed and establishes baseline functional testing so that follow up can be done using the same test to determine efficacy of treatment. Other criteria for these programs includes evidence of failure of conservative treatment and the absence of other treatment options likely to result in significant improvement; a significant loss of functionality; the injured worker has shown motivation to change; and negative predictors of success have been addressed. These negative barriers can include a negative relationship with the employer/supervisor; poor work adjustment and satisfaction; a negative outlook about future employment; high levels of psychosocial distress; involvement in financial disability disputes; greater rates of smoking; duration of pre-referral disability time; prevalence of opioid use; and increased pretreatment levels of pain. The injured worker was noted to have been treated with medications, physical therapy, lumbar epidural steroid injections, lumbar radiofrequency ablations and surgery. However, there is a lack of documentation quantifying the failure of physical therapy and other treatment modalities. The medical record shows evidence of poor pain management due the failed outcomes of his lumbar epidural steroid injections and lumbar radiofrequency ablations. The clinical notes identify a loss of functionality and a reduction in the activities of daily living resulting from the chronic pain, but they do not clearly identify each activity of daily living he is unable to perform. It is also documented that the injured worker shows motivation to change and rehabilitate. However, there is lack of documentation to determine whether negative predictors of efficacy have been addressed, specifically, the extended period of time since the injury occurred and any associated psychological components. In the absence of detailed documentation regarding physical therapy quantitative measurable outcomes; the absence of documentation clearly identifying the activities of daily living that he cannot perform; the injured worker's ability to function independently; his motivation level; and the identification of negative predictors of success, the request is not supported. Therefore, the request for a functional restoration program of evaluation is not medically necessary.