

<b>Case Number:</b>	CM14-0015800		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 48-year-old male with a 4/5/10 date of injury. At the time (1/31/14) of request for authorization for Functional Restoration Program additional two weeks (weeks 5 & 6), there is documentation of subjective (more assertive, more confident, less anxiety, more acceptance, more relaxed, more flexible, more interaction with program peers, and taking less medication) and objective (increased functional performance, activity tolerance) findings, current diagnoses (psychophysiological disorder, psychalgia, degeneration of intervertebral disc and displacement of lumbar intervertebral disc without myelopathy), and treatment to date (physical therapy, chiropractic care, medications, epidural steroid injection and functional restoration program x 120 hours). 1/30/14 medical report identifies total contact hours 120. There is no documentation of the total number of hours requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program-additional two weeks (weeks 5 & 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Program) Page(s): 31.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment duration in excess of 20 sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities) requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of psychophysiological disorder, psychalgia, degeneration of intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of prior functional restoration program x 4 weeks with functional benefit or improvement as an increase in activity tolerance. However, there is no documentation of the total number of hours requested. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program additional two weeks (weeks 5 & 6) is not medically necessary.