

<b>Case Number:</b>	CM14-0019605		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 Texas. 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 58 year old male with an injury reported on 09/20/2012. The mechanism of injury was not provided in clinical documentation. The clinical note dated 11/20/2013, reported the injured worker complained of constant low back pain, with worse pain that radiated down left leg. Per the thoracolumbar spine examination, it was reported the injured worker had tenderness per palpation with spasms of the parasinals and tenderness to bilateral sacroiliacs. The note also stated that the injured worker had limited range of motion secondary to pain. The injured worker's diagnoses included cervical spine sprain/strain, myospasms, upper extremity neuropathy, lumbar spine sprain/strain, 2-mm disc bulge at L4-L5 and L5 transitional segment, insomnia, anxiety and depression. The request for authorization was submitted on 02/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUPERVISED FUNCTIONAL RESTORATION PROGRAM 2 TIMES PER WEEK  
TIMES 6 WEEKS:** 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 CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-31.

**Decision rationale:** The injured worker complained of constant low back pain, which increases with prolonged walking, and decreases with pain medication. According to California Medical Treatment Utilization Schedule (MTUS) guidelines for functional restoration programs retrospective research has examined decreased rates of completion of functional restoration programs, and there is ongoing research to evaluate screening tools prior to entry. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs beginning with a negative relationship with the employer/supervisor; poor work adjustment and satisfaction; a negative outlook about future employment; high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); involvement in financial disability disputes; greater rates of smoking; duration of pre-referral disability time; prevalence of opioid use; and pretreatment levels of pain. It was noted per clinical documentation that the injured worker has persistent anxiety, depression, and insomnia. It was also noted that the injured worker's pain is somewhat controlled with medication; however, he is taking more than prescribed to help control pain. It was noted that the primary care physician requested a psychological consultation, clinical follow-up after the consultation and/or results were not made available. The primary care physician did not address the injured worker's relationship with employer/supervisor, outlook on future employment or desire to return to workforce. There is a lack of clinical evidence for medical necessity; therefore, the request for supervised functional restoration program 2 times per week times 6 weeks is not medically necessary and appropriate.