

<b>Case Number:</b>	CM14-0152265		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 and Rehabilitation 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 45-year-old male who reported injuries due to a slip and fall while carrying rebar on 03/10/2009. On 08/11/2014, his diagnoses included postlaminectomy syndrome of the lumbar region; opioid type dependence, continuous; and chronic pain syndrome. In a psychological evaluation on 05/27/2014, his diagnoses included depressive disorder NOS, sleep disorder due to a medical condition, pain disorder, opioid dependence, and anxiety disorder NOS. He was noted to have sequelae to a work related injury, including cognitive, physical, emotional, occupational and financial problems. His complaints included pain of the lower extremities with tingling, numbness, and weakness rated 6/10 to 10/10. He described his pain as sharp and throbbing which was exacerbated by bending; reaching; kneeling; stooping; doing exercises; pushing a shopping cart; and prolonged standing, sitting, or walking. He stated that his pain was relieved with medications, rest, ice, elevating the affected area, bracing, therapy, and relaxing. His medications included Norco 10/325 mg, gabapentin 600 mg, omeprazole 20 mg, orphenadrine 100 mg, and Methoderm topical lotion. With regards to functional limitations, the injured worker avoided physical exercise and he struggled performing household chores. Driving, doing yard work, or shopping were very difficult for him. His treatment plan included authorization for a multidisciplinary evaluation to evaluate him as a candidate for a functional restoration program to facilitate independent self-management, reduce his reliance on analgesic medications, with the goal of improvement in function and minimization of medication induced cognitive impairment and to optimize conditions that would lead to return to work. There was no Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Multidisciplinary evaluation between 8/22/14 and 10/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**Decision rationale:** The request for 1 multidisciplinary evaluation between 8/22/14 and 10/06/14 is not medically necessary. Per the California MTUS Guidelines, functional restoration programs may be recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional Restoration Program (FRP)'s are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Long term evidence suggests that the benefits of these programs diminish over time. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The likelihood of return to work diminishes significant after approximately 3 months of sick leave. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation has been made, including baseline functional testing so followup testing can note functional improvement; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) the patient has a significant loss of ability to function independently resulting from the chronic pain; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted, a trial of 10 visits may be implemented to assess whether surgery may be avoided; and (5) the patient exhibits motivation to change and is willing to forego secondary gains, including disability payments, to effect this change. Apart from the 2 surgical procedures on his back, it was noted that this worker had received a series of physical therapy sessions, a work conditioning program, a set of cortisone injections, acupuncture sessions, and a home TENS unit. The timeframes of the above noted therapies and any resultant decrease in pain or increase in functional abilities were not submitted for review. There was no evidence submitted that this worker had been treated with any antidepressants or anti-anxiety medications. There was no evidence that this worker exhibited motivation to change or was willing to forego secondary gains, including disability payments, to effect the change. The guidelines note that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy. The requested 6 weeks exceeds the recommendations in the guidelines. The clinical information submitted failed to meet the evidence based guidelines for functional restoration program evaluation. Therefore, this request for 1 multidisciplinary evaluation between 8/22/14 and 10/06/14 is not medically necessary.