

<b>Case Number:</b>	CM14-0156132		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Occupational Medicine 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 40 year-old male who sustained work-related injuries on April 12, 2013. Per Agreed Medical Examiner report dated July 14, 2014, the injured worker complained of constant low level aching back pain that was increased if he does movement. If he sits for more than 30-40 minutes, his back pain would increase. His back pain would travel down both legs, greater on the left, all the way to the feet. He reported intermittent numbness on both legs to feet that would come on if he sits for prolonged periods or if he drives. He also has swelling in his right ankle for about a year and this seemed to happen on time when he was sent to work when he had pain but it was treated as it was not on report. He reported that he cannot wash dishes as he will have increased pain due to movements. He also has little bit of difficulty sleeping. On examination, he had nonspecific lumbar area palpatory discomfort. He has full range of motion but caused discomfort at end range. He has decreased sensation in the left L5-S1 distribution. He is diagnosed with (a) status post April 12, 2013 work-related back injury, (b) lumbar spondylosis, and (c) chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program - 80 hours - initial trial for the lumbar spine:** 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), Psychological treatment Page(s): 30,101.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS), outpatient pain rehabilitation programs may be considered medically necessary when all of the criteria are met. In this case, one specific criterion has not been met and that is "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." This includes psychological intervention. Based on this injured worker's agreed medical evaluator (AME) records dated July 14, 2014 which documents that the injured worker is awaiting schedule for the approved initial trial of 3-4 psychotherapy sessions however review of the provided records does not show provide any documents regarding the outcome of the initial 3-4 psychotherapy sessions. Due to the absence of pertinent information, all of the criteria as presented in the referenced guidelines are not satisfied. Therefore, the medical necessity of the requested functional restoration program 80 hours initial trial for the lumbar spine is not established.