

<b>Case Number:</b>	CM14-0156984		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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, has a subspecialty Interventional Spine 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 patient is a 53 year old male with an injury date of 10/17/11. The 08/14/14 report by ■■■ states that the patient presents with severe aching lower back and bilateral, right greater than left side, leg pain. He is profoundly depressed but denies suicidality. The patient has a mildly antalgic gait to the right. Examination reveals the left shoulder remains higher than the right and right iliac crest is higher than the left. Sensory testing is diminished in the right L5 distribution on the right. The patient's diagnoses include: 1. Chronic lower back pain with bilateral lower extremity radiculitis secondary to underlying degenerative disc disorder with degenerative scoliosis by history 2. Anxiety 3. Depression 4. Chronic pain syndrome The utilization review being challenged is dated 08/28/14. Reports were provided from 03/17/14 to 08/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS Page(s): 30-32, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

**Decision rationale:** The patient presents with severe lower back pain and bilateral leg pain and depression. The treater requests for: Functional restoration program. The provider on 08/14/14 cites a recommendation by [REDACTED] that the patient would be best served by a functional restoration program as he is not a candidate for surgery. A copy of this report was not provided. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The negative factors include the following: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. In this case, the reports provided do not discuss the patient's motivation to change and there is no discussion of the negative factors with the exception of number 8 which is partially documented in that the patient is taking Percocet (an opioid). Given the lack of adequate documentation, the request does not meet MTUS criteria. Therefore, Functional Restoration Program is not medically necessary.