

<b>Case Number:</b>	CM14-0179361		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/22/2003
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Pain Management, has a subspecialty in 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 66 year old with an injury date on 4/22/03. Patient complains of lower lumbar pain rated 7/10, and pain in the right groin area, and right buttock per 10/14/14 report. When patient touches her right lower back, she gets shocks down her right leg, and when she stands, she gets a catching sensation in her right groin occasionally associated with loss of bladder control per 10/14/14 report. Based on the 10/14/14 progress report provided by [REDACTED] the diagnoses are: 1. lower back pain 2. right lumbar radiculopathy/lumbar spondylosis 3. degenerative disc disease / L-spine 4. insomnia, cervicgia, bilateral hip (right > left) and bilateral knee arthralgia 5. SI joint dysfunction vs. nerve irritation or combination of both 6. Depression. Exam on 10/14/14 showed "patient is using a scooter today. She is able to ambulate with assistance of husband." Range of motion testing not included in provided reports, except 9/12/14 report with range of motion of ankle. Patient's treatment history includes orthotics, medication. [REDACTED] is requesting functional restoration program evaluation. The utilization review determination being challenged is dated 10/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/27/14 to 10/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs); Chronic Pain Programs (fu.

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

**Decision rationale:** This patient presents with lower back pain, right groin pain, right buttock pain, and right leg pain. The treating physician has asked for functional restoration program evaluation on 10/14/14. The AME dated 9/22/14 stated patient has increased depression/anxiety due to lack of medications per 2/12/14 report, and felt suicidal due to denial of medications in 2/27/14 report. MTUS recommends multidisciplinary pain management programs when (1) an adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) The patient has significant loss of function from chronic pain (4) The patient is not a candidate for surgery (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. In this case, the patient has undergone conservative treatment and has not seen significant improvement in symptoms for over 10 years, and the treating physician has asked for an evaluation for FRP for patient's arthritis. The patient was functioning at a high functional level in the past prior to losing his job but patient has not worked in nearly 10 years due to chronic depression from chronic back pain per 9/22/14 AME. Evaluation for FRP appears reasonable as the MTUS supports functional restoration program to address chronic pain and disability. The request is not medically necessary and appropriate. In this case, the patient has undergone conservative treatment and has not seen significant improvement in symptoms for over 10 years, and the treater has asked for an evaluation for FRP for patient's arthritis. The patient was functioning at a high functional level in the past prior to losing his job but patient has not worked in nearly 10 years due to chronic depression from chronic back pain per 9/22/14 AME. Evaluation for FRP appears reasonable as the MTUS supports functional restoration program to address chronic pain and disability. Recommendation is for authorization.