

<b>Case Number:</b>	CM14-0020285		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic pain syndrome, and major depressive disorder reportedly associated with an industrial injury of June 30, 2011. The applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; psychotropic medications; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 29, 2014, the claims administrator denied a request for 10 additional sessions of a functional restoration program. It was stated that the applicant had already completed 10 of 24 recommended sessions of functional restoration and had apparently only achieved a slight benefit with the same. The applicant's attorney subsequently appealed. A January 27, 2014 psychology note was notable for comments that the applicant was attending the functional restoration program thrice weekly. The applicant apparently felt ill with the flu and cannot attend the program for several days. It was stated that the applicant could benefit from the program in the sense of obtaining some vocational rehabilitation through disabled students' counselor. The applicant was described using Cymbalta, Flexeril, and Neurontin at that point in time. The applicant was asked to remain off of work, on total temporary disability from a psychological perspective. The applicant would continue attending classes and continue attending the functional restoration program. An earlier multidisciplinary functional restoration program note of January 22, 2014 was notable for comments that the applicant was a graduate of culinary school. The applicant was still having issues with depression, pain, and anxiety with Global Assessment of Functioning (GAF) of 65. It was stated that the applicant had goals which included reducing fears of pain, reducing fears of re injury, and ultimately return to work. The applicant was again placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **FUNCTIONAL RESTORATION PROGRAM X 10 SESSIONS FOR THE LUMBAR:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted in page 32 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, treatment via a functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, it does not appear that the applicant has made any significant strides with at least 10 or 24 prior sessions of functional restoration. The applicant still remains off of work, on total temporary disability. The applicant's work status and work restrictions have not diminished following completion of the 10 earlier sessions of functional restoration. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines states that one of the cardinal criteria for pursuit of and/or continuation of a functional restoration program includes an absence of other options likely result in significant clinical improvement. In this case, the bulk of the applicant's issues are seemingly vocational and/or psychological in nature. It has not been clearly stated why the applicant cannot continue her rehabilitation through less intensive means such as outpatient visits with the job counselor and/or psychologist. It is further noted that it does not appear that the applicant is necessary willing to forgo secondary gains in the form of total temporary disability indemnity payment so as to try and improve. Therefore, the request for 10 additional sessions of functional restoration is not medically necessary, for all of the stated reasons.