

<b>Case Number:</b>	CM14-0020974		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 patient is a 28 y/o male who slipped and fell onto his back while carrying a back pack leaf blower. He has developed persistent low back pain without a radiculopathy. Treatments trialed have included epidural injections. The current mainstay of treatment is medications which include Butran patches, Clelexa, Trazadone, Flexeril and NSAIDs. The amount and response to prior physical therapy is not documented in the records reviewed. He has recently been evaluated for Psychiatric sequella and has been diagnosed with depressions associated with the chronic pain. He is currently in counseling/cognitive behavioral therapy. A functional restoration program has been recommended. There is no documentation of the response to prior physical therapy, the success rate of the recommended program and there is no documentation that his psychological status is appropriate for such a program.

### 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 Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-35.

**Decision rationale:** At this point in time, there is inadequate support for the medical necessity of a chronic pain program/functional restoration program. The MTUS Guidelines recommend specific information prior to initiation of such a program and the MTUS Guidelines also recommend specific negative predictors for success be addressed. Prior to approval, Guidelines recommend that the potential program present data on their success rate with worker's compensation patients, in particular it would be beneficial to see the success rate with [REDACTED] speaking participants. The success rate data has not been presented. In addition, the claimant has several negative predicting factors including long term Opioid use and current psychological distress/depression. Prior to any approval it would be reasonable to have the treating psychologist address the appropriateness of his candidacy. The request is not medically necessary and appropriate.