MAXIMUS Federal Services

| Case Number: | CM14-0033361 | | |
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| Date Assigned: | 06/20/2014 | Date of Injury: | 07/12/2000 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

## 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 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 58-year-old male with a date of injury of 07/12/2000. The listed diagnoses per Dr. [redacted] are L5-S1 laminectomy, left L5 radiculopathy, opioid tolerance, chronic pain syndrome, bipolar disorder, generalized deconditioning, axial low back pain and lumbar spondylosis without myelopathy. According to functional restoration program evaluation by Dr. [redacted] on 02/07/2014, the patient "torqued his low back area in a work-related injury." The patient describes having lumbar epidural steroid injections and procedures such as an IDET and a diskogram. The patient ultimately underwent L3-L4 anterior disk arthroplasty and an L4-L5 anterior lumbar fusion in 2010. He also had L5-S1 diskectomy in 2011. Dr. [redacted] states these procedures did not decrease his pain or improve his functionality. The patient has ongoing low back pain and functional compromise and a history of bipolar disorder. He recommends a functional restoration program 1 time a week for 25 hours of contact time. Utilization review denied the request on 02/14/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program x 1 week for 25 hours of contact time:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

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

**Decision rationale:** This patient presents with chronic low back pain and a history of bipolar disorder. Dr. [redacted] functional restoration evaluation indicates the patient has ongoing low back pain and functional compromise. He is concerned for the patient's history of mental illness and short-acting opioid use. He believed reliance on passive modalities just as opioid medication which would not only create problems such as opioid-induced hyperalgesia but mood instability as well. For these reasons, he requests functional restoration program 1 time a week for 25 hours of contact. The California 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. In this case, California MTUS states functional restorations are indicated only after adequate and thorough evaluation has been made. An evaluation report was provided; however, the report does not address the patient's motivation and the negative predictors as required by California MTUS are not addressed. Therefore the request is not medically necessary.