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| <b>Case Number:</b>   | CM14-0040084 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 12/27/2011 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 03/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/04/2014 |

### 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 41-year-old male who has submitted a claim for Lumbar Disc Displacement without Myelopathy, Pain in Joint of Lower Leg, Unspecified Major Depression Single Episode, and Psychogenic Pain associated with an industrial injury date of December 27, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to his lower extremities. He needed help performing self-care activities and was not very active. His injury and discomfort prevented him walking more than 30 minutes and had difficulty sitting or standing for more than 20 minutes. He had difficulty climbing one flight of stairs and had to change positions frequently. He had difficulty doing activities at home such as sweeping, taking out the trash, or standing for too long doing dishes. He also developed psychosocial sequelae that limited his function and recovery including anxiety, fear avoidance, depression, and insomnia. On physical examination, gait was grossly normal and non-antalgic. He ambulated without assistance. Examination of the lumbar spine revealed tenderness at the lumbosacral junction and at the spinal processes. Lumbar spine range of motion was decreased. There was decreased sensation in the anterior and lateral part of the left foot. Reflexes in the knees and ankles were normal and symmetrical. Examination of the left knee revealed tenderness over the medial aspect of the left knee and over the medial collateral ligament. Knee range of motion was within normal limits. Anterior drawer and Lachman were negative bilaterally. Treatment to date has included medications, physical therapy, home exercise program, massage therapy, cognitive behavioral therapy, and TENS unit. Utilization review from March 20, 2014 denied the request for 1 Session of Functional Restoration Program because there was no documentation of a thorough evaluation and there was no evidence of significant loss of ability to function independently. There was also no evidence that the patient was not a candidate for surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Session of Functional Restoration Program: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

**Decision rationale:** According to pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, records showed that the patient had significant loss of ability to function independently as evidenced by his difficulty performing activities of daily living. The records further state that the patient is not a candidate for surgery and he is not interested in injections or other invasive procedures at this time. Negative predictors of success were addressed in an appeal dated April 16, 2014. The criteria were met. Therefore, the request for 1 Session of Functional Restoration Program is medically necessary.