

<b>Case Number:</b>	CM14-0040359		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 14, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier lumbar laminectomy surgery; and extensive periods of time off of work. In a Utilization Review Report dated February 28, 2014, the claims administrator partially certified a request for 32 days of a functional restoration program to 20 hours of a functional restoration program. The applicant's attorney subsequently appealed. In a neurosurgery note dated May 3, 2012, the applicant was placed off of work, on total temporary disability. Authorization was sought for permanent implantation of a spinal cord stimulator on the grounds that the applicant had reportedly responded favorably to an earlier trial of the same. In a June 18, 2014 progress note, the applicant was described as having finished a functional restoration program. The applicant was still using morphine and Norco but had reportedly discontinued Soma. 9/10 pain with medications was noted versus 10/10 pain without medications. The applicant was still having issues, both physically and psychologically, including difficulty shopping, difficulty doing yard work, difficulty driving, difficulty performing household chores, difficulty exercising, and difficulty socializing with friends. The applicant was not working, it was noted. The applicant was depressed. The applicant was using Effexor. The applicant was placed off of work, on total temporary disability, while morphine and Norco were renewed. The applicant was asked to obtain a second opinion consultation from another spine surgeon to consider a surgical remedy. In a May 22, 2014 letter, the applicant's primary treating provider sought authorization for 12 days of the functional restoration program which had been denied by the claims administrator. The applicant continued to take morphine, Norco, and Soma, it was

stated. It was stated that the applicant was somewhat engaged with psychology classes which he is attending. The applicant was still avoiding socializing, exercising, performing household chores, and spending time with his children. The applicant was reliant on his wife to help dress himself. The applicant was still using morphine, Soma, Neurontin, Effexor, and Lidoderm, it was stated. The applicant had been deemed "permanently and totally disabled," it was suggested. The additional 12 days of functional restoration were therefore sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**32 Days of Functional Restoration Program (4 days a week, 6 hours daily) to include 3 hours of patient education and 2 hours of therapeutic exercise every day: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20f, CHRONIC PAIN PROGRAMS Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program is evidence that an applicant is going to forego secondary gains in an attempt to try and improve. In this case, however, the applicant remains off of work. The applicant is receiving monies through the Workers' Compensation System and other disability systems, several treating providers have suggested. There is no evidence that the applicant is going to forego disability payments in an attempt to improve. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates the total treatment duration should generally not exceed 20 full-day sessions without some clear rationale for the specified extension and reasonable goals to be achieved. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by both subjective and objective gains. In this case, the applicant ultimately completed 20 days of functional restoration program. There was no evidence of any lasting benefit or functional improvement achieved in terms of the parameters established in MTUS. The applicant remained off of work. The applicant remained depressed. The applicant continued to report 9/10 pain and had reported difficulty performing even basic activities of daily living, including participating in household chores, socializing with friends and family members, etc. No clear rationale for additional treatment beyond MTUS parameters was provided in the face of the applicant's failure to demonstrate any improvement with the 25 sessions of functional restoration. The proposed 32 days of functional restoration program are not medically necessary and appropriate.