

<b>Case Number:</b>	CM14-0040759		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/06/2014
<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 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 45-year-old male with date of injury of 04/10/2013. The listed diagnoses per [REDACTED] dated 02/26/2014 are: 1. Low back pain. 2. Right radiculopathy. 3. Chronic pain syndrome. According to the multidisciplinary initial evaluation report, the patient complains of left-sided lower back pain that radiates upwards into his upper back. The patient has utilized chiropractic treatments, physical therapy, medications, and epidural steroid injection. The patient also completed 8 sessions of acupuncture reporting some relief on his pain but without significant improvement in function. On 01/08/2014, the patient received a left-sided L4, L5, and S1 transforaminal epidural steroid injection, and the patient reports that the injection helped with his radicular symptoms on the left leg. However, the pain continued in his lower back. The patient states that his pain has negatively affected his ability to function. He reports that his pain has stopped him from going to work, doing household chores such as cleaning, driving, climbing stairs, doing yard work, and exercising. The patient reports that he can only walk about 2 blocks, sit for 5 minutes, stand for 10 minutes, and lift around 5 pounds. His current list of medications includes Cyclobenzaprine, Gabapentin, Hydrocodone/APAP, Menthoderm gel, and Senna laxative. The physical exam based on the report dated 02/10/2014 shows that the patient is well groomed and well nourished. The lumbar range of motion is restricted with flexion limited to 60 degrees and extension limited to 20 degrees. On palpation, paravertebral muscle spasms, tenderness, and tight muscle band is noted on the left side. Straight leg raising test is positive on both sides at 90 degrees in sitting position. There is tenderness noted over the sacroiliac spine. Motor examination shows power of the knee flexor is 5/5 on the right and 4/5 on the left. The knee extensor is 5/5 on the right and 4/5 on the left.

Sensory examination shows light touch sensation is decreased over the L5 dermatome on the left side. The utilization review denied the request on 03/06/2014.

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

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

**Initial trial of FRP (Functional Restoration Program) x 80 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 49 regarding functional restoration program Page(s): 49, 30-33.

**Decision rationale:** This patient presents with chronic pain syndrome and low back pain. The treating physician is requesting an initial trial of Functional Restoration Program for 80 hours. The MTUS Guidelines, pages 30 to 32, recommends Functional Restoration Programs when all of the following criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain had been unsuccessful. 3. Significant loss of the ability to function independently resulting from chronic pain. 4. Not a candidate for surgery or other treatments would clearly be warranted. 5. The patient exhibits motivation change. 6. Negative predictor of success above has been addressed. These negative predictors include evaluation for poor relationship with employer, work satisfaction, negative outlook in the future, etc. The multidisciplinary initial evaluation report dated 02/26/2014 notes that the patient has received extensive conservative treatment including oral medication, physical therapy, chiropractic treatment, acupuncture, and home exercise program without significant improvement. The patient has also had a lumbar epidural steroid injection which only provided relief for his radicular symptoms. At this point, the patient might be able to avoid surgery if he is able to increase his functional abilities throughout Functional Restoration Program. The patient also presents with ongoing symptoms of pain, moderate depression, and moderate anxiety which have compromised his ability to return to his pre-morbid condition. He is highly motivated to attend the Functional Restoration Program and has a desire to make use of the interventions offered in this program. The patient is in pain on daily basis, and he's becoming increasingly frustrated, worried and deeply depressed regarding the lack of improvement in his condition and pain management skills. The patient appears unable to identify the necessary steps for moving forward with his painful condition so that he can reengage more successfully with work, family, community, and life in general. The patient also states that he has a good relationship with his employer and would like to return to work at some capacity, but he is not sure how he would be able to do it without increasing his symptoms of pain. In this case, the treating physician has documented sufficient information to qualify the patient in a Functional Restoration Program. However, the requested 80 hours exceeds 40 hours or 2 weeks of functional restoration recommended per MTUS. Additional or up to 80 hours are not recommended until the program shows reasonable progress with the first 2 weeks. Recommendation is for denial. The request is not medically necessary and appropriate.