

<b>Case Number:</b>	CM14-0048311		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Preventive 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:

According to the records made available for review, this is a 38-year-old male with a 8/26/08 date of injury, status post L5-S1 hemilaminectomy and micro lumbar discectomy (4/28/11), status post L5-S1 posterior spinal fusion and instrumentation September 2011, and status post removal of instrumentation L5-S1 repeat laminectomy, foraminotomy, facetectomy (12/12/13). At the time (4/2/14) of request for authorization for Functional Restoration Program Evaluation, there is documentation of subjective (pain deep into the bone in the entire leg, third, fourth and fifth digits of left foot go numb, and standing and walking cause him a significant amount of pain) and objective (lumbar range of motion: forward flexion 40 degrees, extension 5 degrees to neutral, right lateral rotation 10 degrees, left lateral rotation 15 degrees, decreased sensation to light touch in left medial calf, lumbar extension causes pain in low back area with referred pain to the buttocks, patellar reflex 1, and unable to obtain Achilles or medial hamstring on the left side) findings, current diagnoses (bilateral L5 radiculopathy, chronic pain syndrome, opioid tolerance, and depression), and treatment to date (epidural steroid injections, physical therapy, surgery, and medications (including Nucynta, Dilaudid, OxyContin, Tizanidine, and Gabapentin)). A 3/19/14 medical report identifies patient is improving slowly and a plan for a foraminal steroid injection at the left L5-S1 level if patient remains symptomatic in four to six weeks. A 3/31/14 Physical Therapy Progress Note identifies patient is feeling stronger and feels like he is tolerating more activities in the day, is able to walk for about one hour, and engage in activities of daily living, and a plan for eight more physical therapy sessions. There is no documentation there is an absence of other options likely to result in significant clinical improvement, the patient has a significant loss of ability to function independently resulting from the chronic pain, and the patient is not a candidate where surgery would clearly be warranted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation:** 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 CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 31-32.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of bilateral L5 radiculopathy, chronic pain syndrome, opioid tolerance, and depression. In addition, given documentation of conservative treatment (medications, surgery, and epidural steroid injections), there is documentation that previous methods of treating chronic pain have been unsuccessful. Furthermore, there is documentation the patient exhibits motivation to change. However, given documentation of a plan for foraminal steroid injection at the left L5-S1 level if patient remains symptomatic in four to six weeks and a plan for eight more physical therapy sessions, there is no documentation there is an absence of other options likely to result in significant clinical improvement. In addition, given documentation that the patient is feeling stronger and feels like he is tolerating more activities in the day, is able to walk about one hour, and engage in activities of daily living, there is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain. Furthermore, there is no documentation the patient is not a candidate where surgery would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program Evaluation is not medically necessary.