

<b>Case Number:</b>	CM14-0090353		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/27/2006
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2014

### 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 female with date of injury 2/27/06. The treating physician report dated 4/29/14 is an initial comprehensive medical evaluation/functional restoration program report that indicates that the patient presents status-post 12 foot fall while working In construction. The current complaints are ankle pain 3/10, knee pain 3/10, back pain 3-6/10, depression, sleep disorder, erectile dysfunction and 3 personal losses (vocation, surfing and sexual function). The patient is status post multi-level lumbar fusion, right knee replacement and right ankle surgery x5. The physical examination findings reveal low of lumbar lordosis and range of motion is guarded and limited. Hip flexion is 4+/5 on the right and 5/5 on the left. The current diagnoses are: 1.Lumbar spine fusion2.Chronic low back pain3.L5 radiculopathy on the right4.Right knee total knee replacement5.Unstable right ankle post surgery x56.Depression, Sleep disorder, erectile dysfunction7.Impaired mobility and activities and ADLs, vocation, avocation.The utilization review report dated 06/6/14 denied the request for a two week trial of a multidisciplinary functional restoration program based on the rationale that the patient had not failed other methods of treatment and that the patient is taking Tramadol ER to manage his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 2 week trial of a multidisciplinary functional restoration program to include weekly office visits, review of records, special, report and anticoagulant**

**management. Cognitive behavioral therapy interventions; therapeutic exercise, acupuncture, biofeedback, patient education,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs) P.

**Decision rationale:** The patient presents with chronic pain affecting the post-surgical areas of the right knee, right ankle and lumbar spine with continued radiculopathy. The current request is for Decision for Prospective request for 2 week trial of a multidisciplinary functional restoration program to include weekly office visits, review of records, special, report and anticoagulant management. Cognitive behavioral therapy interventions; therapeutic exercise, acupuncture, biofeedback, patient education, case management, transportation, and housing between 4/29/14 and 8/2/14. The consulting physician report dated 4/29/14 states, "The patient is a good candidate for a multidisciplinary Functional Restoration Program (FRP) and that he would benefit from the program. He appears to be highly motivated. No psychological or neurocognitive barriers are identified." The MTUS guidelines recommend functional restoration programs. However there are 6 criteria that must be met for the recommendation for FRP. Criteria 1-4 appear to have been met in the reports provided. Criteria #5 states, "The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change." The consulting physician states that the patient is motivated to change but does not comment on secondary gains. Criteria #6 states, "Negative predictors of success above have been addressed." There are 9 variables of negative predictors of success that need to be addressed and these predictors were not discussed in the reports provided. The consulting physician in this case does state that the patient would need to discontinue the current opiates prescribed by the treating physician. The last section of this request states that transportation and housing are also medically necessary. There is no documentation provided that the patient is unable to drive and there is no justification provided to support housing for the patient during this proposed 2 week trial of FRP. The MTUS Guidelines are very specific regarding the necessary criteria to qualify for a trial of a FRP. The records provided are comprehensive and informative but do not show that all of the required criteria have been met therefore the issue in dispute is not medically necessary.