

<b>Case Number:</b>	CM14-0095320		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/26/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 51-year-old male with a reported date of injury on 01/26/2013. His diagnoses were noted to include lumbar disc herniation, L2-3 status post microdiscectomy, and lumbar radiculitis to the right L2-3. His previous treatments were noted to include epidural steroid injection, physical therapy, and home exercise program. The progress note dated 05/15/2014 revealed the injured worker complained of constant back pain at the site of his surgery with a stabbing pain that averaged 7/10 to 9/10 with the use of medications. The injured worker continued to use his medications as prescribed with partial efficacy. The injured worker reported he had severe right leg pains that were not well addressed with medications or epidural steroid injections. The injured worker reported some days his pain was so bad he could not do his home exercise programs but he was trying to walk and do yoga. The physical examination revealed the injured worker ambulated without a device and his gait was normal. The provider indicated the injured worker's sitting and standing posture were normal. The range of motion to the lumbar spine was noted to be diminished. Upon palpation, the paravertebral muscles were noted to spasm and have tenderness. A trigger point was noted along both sides. The spinous process tenderness was noted on the L2 and L3, and lumbar facet loading was negative on both sides. Straight leg raise testing and Fabere's testing was also negative. The muscle strength examination revealed normal tone, power, and attrition of the muscles. The sensory examination revealed loss of sensation to the right L1-2 distribution and mild L3 was patchy. The upper and lower extremities responded normally to reflex examination. The provider indicated the injured worker had severe depression and was participating in cognitive behavioral therapy. The provider indicated he was recommending a functional restoration program evaluation due to the injured worker's severe low back pain that was not improved with pain discectomy, physical therapy, acupuncture, yoga, and was not a further surgical candidate. The injured worker was

severely depressed and dependent upon opioids and was unable to return to his job. The injured worker was functionally limited and a functional restoration program was recommended. The progress note dated 06/17/2014 revealed the injured worker complained of constant back pain rated 7/10 to 9/10 with the use of medications. The injured worker reported his medications gave him partial efficacy. The physical examination to the lumbar spine revealed restricted range of motion and spasming upon palpation of the paravertebral muscles with tenderness and trigger points along both sides. There was spinous process tenderness noted on the L2 and L3. There was negative lumbar facet loading, straight leg raise, and Fabere's testing. The muscle strength examination revealed normal tone and power and the sensory examination revealed sensory loss to the right L1-2 distribution, and mild L3. The request for authorization form dated 05/15/2014 was for a functional restoration program evaluation for the injured worker's severe low back pain that had not improved with conservative treatment and severe depression.

### **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. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): page 49.

**Decision rationale:** The request for a functional restoration program evaluation is not medically necessary. The injured worker has severe depression, decreased range of motion, and failed conservative treatment. The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs are a type of treatment included in the category of interdisciplinary pain programs and were designed to use a medically directed interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. The long-term evidence suggests that the benefits of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. The guideline criteria for the general use of multidisciplinary pain management programs are: an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful; there is an absence of other options likely to result in significant clinical improvement. The patient has had 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. The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to affect this change. Negative predictors of success have been addressed. The documentation provided indicated the injured worker was currently employed and working full time since 2001; however, the next line

indicates the injured worker had not worked since his injury. This conflicting information does not show functional deficits. There is a lack of documentation regarding if the injured worker motivated to change and is willing to forgo secondary gains, including disability payments to affect this change. There is a lack of documentation regarding a significant loss of ability to function independently resulting from the chronic pain. Therefore, the request is not medically necessary.