MAXIMUS Federal Services

| Case Number: | CM14-0185235 | | |
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| Date Assigned: | 11/13/2014 | Date of Injury: | 03/20/2010 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 26 year old female patient who sustained an industrial related injury on 03/20/2010 while lifting some heavy grocery items from the bottom of a grocery cart. The diagnoses include lumbar or lumbosacral disc degeneration, lumbago, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and lumbar facet syndrome. Per the evaluation dated 09/17/2014 she had complaints of lower back pain with a severity rating of 2/10 with medications and 9/10 without medications, inability to sleep and decreased activity and mood. The physical examination revealed restricted range of motion in the lumbar spine with flexion limited to 90, extension limited to 15, lateral rotation to the left limited to 45, and lateral rotation to the right limited to 45, negative Gaenslen's test, negative Lumbar facet loading on both sides, negative stretch of the piriformis, positive Straight leg raising test on the right side in the sitting position at 45, negative FABER test, and all lower extremity reflexes equal and symmetric and normal neurologic examination. The medications list includes Miralax, Fentanyl, ibuprofen Norco, and Tegaderm dressing. Diagnostic testing included a MRI of the lumbar spine (10/16/2010) which revealed a 2-3 mm bulging disc at the L5-S1 level and a positive concordant painful CT discogram at the L5-S1 with radial annular tear (12/12/2013). The injured worker was noted to have been evaluated and deemed a candidate for the functional restoration program. Treatment to date has included medications, physical therapy, facet injections (08/2011), trigger point injections (08/2011), radiofrequency ablations (10/16/2012), chiropractic treatments, and participation in a functional restoration program. The injured worker reported pain was decreased with the use of medications. Functional deficits and activities of daily living were also improved with the use of

current medications. Work functions were remained unchanged as the injured worker continued to be temporarily totally disabled. Dependency on medical care was unchanged.On 10/29/2014, Utilization Review non-certified a request for a functional restoration program which was requested on 10/27/2014. The functional restoration program was non-certified based on the absence of documentation indicating that the injured worker has not received benefits from physical therapy and a home exercise program, and the absence of evidence to support the injured worker required further treatment. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of a functional restoration program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): Page Number30-32.

**Decision rationale:** According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below."In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed."Evidence of failure of previous conservative treatment is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability), (7) duration of pre-referral disability time; (8) prevalence of opioid use."This patient's date of injury was in 2010 and therefore she had an increased duration of pre-referral disability time. The medical necessity of functional restoration program is not fully established for this patient.