

<b>Case Number:</b>	CM14-0191271		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family 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:

This is a 55years female patient who sustained an injury on 7/24/2009. She sustained the injury due to lifting large boxes of printer paper. The current diagnoses include low back pain, lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain and flare up of left leg pain. Per the doctor's note dated 10/13/2014, she had complaints of low back and bilateral lower extremity pain. The physical examination revealed slight antalgic gait, lumbar spine-lumbosacral tenderness, significant tenderness over the left SI joint greater trochanter and piriformis belly, positive Patrick's on the left side, positive FABER's on the left side, positive Straight leg raising bilaterally, right greater than left side, equal deep tendon reflexes in bilateral lower extremities and equal musculoskeletal strength bilaterally. Per the psychological assessment dated 8/29/14, she had a major depressive disorder with anxious features. The medications list includes Tylenol no.4, Lyrica, Prozac and Ketoprofen cream. She has had physical therapy visits, acupuncture visits, TENS unit and injections for this injury. She has had urine drug screen on 3/4/14 which was positive for opiates. She was approved for 10 sessions of cognitive behavior therapy on 9/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FRP 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): 30-32.

**Decision rationale:** According to the CA MTUS chronic pain medical treatment guidelines 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; (4) Negative predictors of success above have been addressed." Response to prior conservative therapy including physical therapy visits is 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. (5) High levels of psychosocial distress (higher pretreatment levels of depression, pain and disability). (6) Duration of pre-referral disability time; (7) prevalence of opioid use," This patient's date of injury was in 2009 and therefore she has an increased duration of pre-referral disability time. Per the psychological assessment dated 8/29/14, she had a major depressive disorder with anxious features. These are negative predictors of efficacy and completion of treatment. The medical necessity of FRP evaluation is not fully established for this patient. Therefore, the request is not medically necessary and appropriate.