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| <b>Case Number:</b>   | CM14-0195318 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 09/30/2011 |
| <b>Decision Date:</b> | 01/15/2015   | <b>UR Denial Date:</b>       | 10/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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 Internal 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:

The injured worker (IW) is a 56-year-old man with a date of injury of September 20, 2011. The IW felt a pop in her lower back from putting a bag of trash into the dumpster. The current working diagnoses include chronic low back pain with radiation into the right leg, suggestive of right L2-L3 radiculopathy, status post L4-L5 lumbar fusion surgery in 2003, status post L2-L4 decompression surgery with laminectomy on October 21, 2012; reactive depression/anxiety; myofascial pain in the low back; and obesity. Prior treatments have included medications, physical therapy, and aquatic therapy. The IW successfully completed a functional restoration program (FRP) on September 19, 2014. Pursuant to the [REDACTED] Discharge Report dated September 19, 2014, the IW completed 6.25 weeks and 140 hours of his FRP. During the program, the IW participated throughout the entire program with daily involvement in cognitive behavioral training classes, educational lectures, group therapy sessions, and individualized physical therapy sessions. Subjectively, the IW feels like he is better able to cope with his chronic pain and feels more conditioned since starting the program August 11, 2014. Objectively, the IW shows improvement in cervical spine rotation, with the right being 58 degrees and left being 54 degrees. He shows improvement in bilateral hip extension range of motion (ROM), with the right hip being -10 degrees, previously -14 degrees, and the left hip being -5 degrees, previously -15 degrees. He is able to perform 80% ROM during a squat, previously 60%. He was instructed on home exercise program (HEP) to further his overall function over time. The IW became proficient in an individualized HEP designed to improve the functional abilities in the back. The treating physician is requesting authorization for [REDACTED], 6 session of aftercare.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, 6 sessions of aftercare:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Functional Restoration Program

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program, 6 sessions of aftercare are not medically necessary. Treatment is not suggested for longer than two weeks without evidence demonstrated efficacy as documented by subjective and objective gains. The guidelines state there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes and should be based on the chronicity of disability and other known risk factors for loss of function. In this case, the injured worker completed a functional restoration program of 140 hours on September 19, 2014. There were limited functional gains particularly in quantifiable measures of physical function. The guidelines limit interdisciplinary programs to 20 sessions. The medicals indicate the patient had limited improvement with 140 hours of the functional restoration program although he was instructed on a home exercise program to further his overall function over time. Consequently, functional restoration program, 6 sessions of aftercare are not medically necessary.