

<b>Case Number:</b>	CM14-0197072		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	04/02/2003
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, 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 52 year old male with the injury date of 04/02/03. Per physician's report dated 09/22/14, the patient presents with pain in his lower back, radiating down his legs bilaterally. The patient is status post (s/p) lumbar surgeries in 2006 and 2009. The patient has had multiple injections, 24 physical therapy, multiple chiropractic treatments, opioid and non-opioid medication management. "None of these have actually decreased his pain or improved his functionality." "He states that his functionality at home has decreased by greater than 50%, and he is unable to sleep greater than 3 hours at a time. His ability to stand, walk and lift anything has dramatically decreased. He is unable to do activities around the house which he is required to do. "The patient "continues to have difficulties with daily tasks and activities of daily living such as cooking." The patient has been off work since 2003. On 07/10/14, a functional restoration program (FRP) for 2 weeks, a total of 50 hours was denied. The treating physician re-appealed this denial. The lists of diagnoses include right L5 radiculopathy per electrodiagnostic study done 07/27/12; lumbar facet pain; axial low back pain; myofascial pain syndrome; generalized deconditioning; chronic pain syndrome; anxiety; and depression. Per 7/14/14 report, the patient has pain in his cervical and thoracic spine, radiating up his head and causing headaches. The treating physician requests MRIs for cervical spine and thoracic spine. Per 06/23/14 progress report, the patient has low back pain, radiating down his legs, right side greater than left. Per 05/12/14 progress report, the FRP was denied, "based on no particular evidence given about this patient. The predictors of success have been noted, and the patient is interesting in continuing some sort of employment. He is not interested in any further surgical intervention." The utilization review letter 11/20/14 states that "there is a negative outlook for future employment. The evaluation for FRP noted that the patient only showed the potential to return to work force or a volunteer position on a part time basis with potential to tolerate light to medium level work.

The evaluation also showed high level of psychosocial distress with a Beck depression inventory score of 33, a Beck inventory score of 39 and a perceived stress score of 26." The provider did indicate a plan to wean the patient from opioid in a previous request for FRP, but the prevalence of opioid use remains a negative predictor of success. Therefore, FRP for 50 hours is non-certified." Treatment reports were provided from 05/12/14 to 09/22/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 2 week (50 hour) functional restoration program:** Overturned

**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): 30-33, 49.

**Decision rationale:** The patient presents with pain and weakness in his low back and lower extremities. The patient is s/p (status post) lumbar surgeries in 2006 and 2009. The request is for 50 Hours, 2 Weeks Functional Restoration Program. The MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. This patient does present with significant functional deficits and failed variety of conservative measures including multiple chiropractic, physical treatments and medications. The patient has already had 2 lumbar surgeries. The patient has motivation to change. The negative factors have been addressed. Furthermore, MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. In this case, the patient appears to be a candidate for functional restoration program. The request is medically necessary.