

<b>Case Number:</b>	CM14-0198751		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 43-year-old man with a date of injury of July 8, 2014. The mechanism of injury occurred as a result of lifting/carrying a heavy metal fence when he experienced the development of a sharp pain in his lower back. He started having increased back pain radiating down the right lower extremity. The current diagnoses are displacement of lumbar intervertebral disc without myelopathy; and thoracic or lumbosacral neuritis or radiculitis, unspecified. The IW underwent laminotomy and micro discectomy right L5-S1 on July 29, 2014. Pursuant to the progress note dated September 17, 2014, the IW complains of numbness along the L5 and S1 distribution with the loss of the right ankle reflex, severe pain and weakness of the right gastrocnemius and tibialis anterior and extensor hallucis longus muscle. Since the surgery, he has pain in the lower back with radiation to the leg, for which he continues to use Gabapentin and Norco. Objective exam reveals antalgic gait favoring the right leg. He is unable to toe walk on the right side. According to a physical therapy (PT) note dated October 13, 2014, the IW has completed 8 sessions. The recommendation is for an additional 6 sessions. The current request is for "One Spine" Functional Restoration Program (FRP), as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for "One Spine" functional restoration program, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 30-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program/ Inter-Disciplinary Pain Page(s): 25, 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Functional Restoration Program/ Inter-Disciplinary Pain Programs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, "One Spine" functional restoration program, as an outpatient is not medically necessary. Functional restoration programs are a type of treatment included in the category of Inter-Disciplinary Pain Programs. The Chronic Pain Medical Treatment Guidelines enumerate criteria for the general use of multidisciplinary pain management programs. All of the criteria must be met as listed on pages 25, 30 - 34 of the guidelines. The criteria include, but are not limited to: the patient is not a candidate where surgery or other treatments would clearly be warranted; an adequate and thorough evaluation has been made, including baseline functional testing so follow up with the same test can the functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the injured worker sustained a back injury on July 8, 2014. On July 29, 2014 the injured worker underwent a laminotomy and microdiscectomy right L5/S1. The injured worker completed eight physical therapy sessions with little subjective improvement. The guidelines indicate a total of 16 physical therapy sessions are recommended over an eight-week period. In a September 2014 progress note, the treating physician indicated additional physical therapy is needed. Additional physical therapy would be considered an "other treatment" would clearly be warranted" prior to engaging in a functional restoration program. The documentation indicates the injured worker has not completed the recommended post-operative rehabilitation program to date. Functional restoration programs are not indicated unless all of the criteria under general use of a multidisciplinary pain management program have been met. They have not been met. Consequently, absent all of the appropriate criteria for multidisciplinary pain management programs, "One Spine" functional restoration program, as an outpatient is not medically necessary.