

<b>Case Number:</b>	CM14-0199125		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/12/1997
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	10/31/2014
<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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, and major depressive disorder (MDD), reportedly associated with an industrial injury of September 12, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of acupuncture; topical compounds; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve request for an 80-hour Functional Restoration Program. The claims administrator referenced earlier Functional Restoration Program notes of August 14, 2014, and progress notes of October 13, 2014, October 16, 2014, and October 30, 2014, in its determination. The claims administrator noted that the applicant had completed three previous weeks of a Functional Restoration Program. The applicant had received acupuncture as recently as October 13, 2014. On October 9, 2014, the attending provider noted that the applicant was in her second week of the functional restoration program. The applicant reported continued complaints of depression and anxiety, reportedly attenuated, however. The applicant's medications included Neurontin, Sprix intranasal spray, Protonix, tizanidine, albuterol, Tenormin, and aspirin. The applicant was status post earlier lumbar surgery and had residual depression, chronic pain complaints, and insomnia. The attending provider suggested that the applicant continue with the Functional Restoration Program. By October 17, 2014, the applicant had reportedly completed three weeks of the Functional Restoration Program. The attending provider sought authorization for addition treatment on the grounds that the applicant needed to reinforce coping skills, pain management skills, and socialization skills. Continued treatment via the Functional Restoration Program was sought. On October 2, 2014, the applicant was given a

prescription for Sprix nasal spray, for ongoing complaints of neck and low back pain. The applicant's medications include topical ketamine cream, Protonix, diclofenac cream, Neurontin, tizanidine, Duragesic, aspirin, Tenormin, Pamelor, and albuterol.

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

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

**Functional Restoration Program (80 hours): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic, MTUS 9792.20f Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration through a functional restoration program should not exceed 20 full day sessions or the equivalent in part day sessions without some clear, compelling rationale for the specified extension and/or reasonable goals to be achieved. Here, the attending provider commented that the applicant needs to attend the functional restoration program to reinforce pain coping skills and/or to improve socialization skills do not constitute a compelling rationale or compelling basis for treatment via the functional restoration program. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that one of the cardinal criteria for pursuit of functional restoration program in absence of other options likely to result in significant clinical improvement. Here, the attending provider has not clearly outlined why other, less intense methods of treatment cannot be employed as opposed to the more intensive, functional restoration program at issue. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, the applicant has had at least three prior weeks of treatment via the functional restoration program at issue. The applicant did not appear to have demonstrated any marked or material gains to date. The attending provider has failed to return to work. The applicant's work restrictions appear unchanged, despite the functional restoration program. The applicant remains dependent on a variety of oral and topical medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite having previously been through the functional restoration program at issue. Therefore, the request is not medically necessary.