

<b>Case Number:</b>	CM14-0205159		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 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 is a 62-year-old male smoker who reported an injury of unspecified mechanism on 07/31/2001. On 05/07/2014, his diagnoses included degeneration of lumbar or lumbosacral intervertebral disc; spondylosis without myelopathy; chronic pain syndrome; backache, unspecified; depression; anxiety and sleep disturbances. His complaints included diffuse low back pain which was poorly localized, but stable with treatment. Pain did not radiate and he rated it at 4/10. He denied any lower extremity weakness, numbness, or tingling. He further denied any lumbar spasms or loss of motor control of the lower extremities. There was stiffness of the low back noted and he was having difficulty transferring out of a chair. It was noted that over the previous few months, he had been reducing his use of Opana and increasing his exercise regimen. He reported that he was able to completely discontinue using Opana and was only using Norco for his low back pain. He was walking 2 hours a day and had begun a swimming program. He was able to increase his activity level overall without significant increase in low back pain. Additionally, his constipation had improved since he discontinued using Opana. On 11/10/2014, he had completed 3 weeks of a Functional Restoration Program. It was noted that he was able to increase weight and repetitions with his upper body. His walking and bicycle exercise remained unchanged. It was noted that he was motivated to participate, but demonstrated a limited ability to participate in an individualized treatment plan including daily exercises and functional activities. The rationale for the requested additional participation in the Functional Restoration Program stated that given his ongoing symptoms of pain, insomnia, and psychiatric comorbidities to pain including depression, his positive response to treatment thus far, reported ability to derive benefit through skills learned in treatment, and has reported high motivation to continue developing pain management abilities through FRB treatment, it was indicated that he continue the treatment. It was expected he would achieve

further gains with additional FRB treatment. A Request for Authorization dated 10/31/2014 was included in this injured worker's chart.

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

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

**Prospective request for 2 additional weeks of a functional restoration program (DOS 10/31/14-01/02/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs) (FRPs) Page(s): 49.

**Decision rationale:** The request for 2 additional weeks of a functional restoration program (DOS 10/31/14-01/02/15) is not medically necessary. The California MTUS Guidelines recommend Functional Restoration Programs noting that they were designed to use a medically directed interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Long term evidence suggests that the benefit of these programs diminishes over time. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The likelihood of return to work diminishes significantly after approximately 3 months of sick leave. It is now suggested that there is a place for interdisciplinary programs at a stage in treatment prior to the development of permanent disability, and this may be at a period of no later than 3 to 6 months after a disabling injury. This injured worker's reported injury occurred 13 and a half years ago, which exceeds the recommendations in the guidelines. It was noted that he was able to increase his exercise and decrease his medication use by 1 pill per week. As previously noted, he had been able to accomplish this independently prior to beginning the Functional Restoration Program. The need for continuation in a formal Functional Restoration Program has not been clearly demonstrated in the submitted documentation. Therefore, this request for 2 additional weeks of a functional restoration program (DOS 10/31/14-01/02/15) is not medically necessary.