

<b>Case Number:</b>	CM15-0001287		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/15/2004
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	01/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 50 year old female who sustained an industrial related injury on 2/15/04. A physician's report dated 12/30/14 noted the injured worker had complaints of low back pain with radiation to the right buttock, right leg, and right heel with associated spasms. The injured worker was taking baclofen, ibuprofen, lidoderm, and oxycodone. Two surgeons have recommended low back surgery. Physical examination findings included right antalgic gait, diffuse tenderness and hypertonicity throughout. Diagnoses included lumbosacral radiculitis, spondylosis, displacement of lumbar intervertebral disc without myelopathy, denegation of lumbosacral disc, and chronic pain syndrome. The physician recommended a functional restoration program. On 1/5/15 the treating physician requested authorization for a functional restoration program for 2 weeks, 10 days and 60 hours. On 1/1/15 the request for a functional restoration program for 2 weeks, 10 days and 60 hours was non-certified. The utilization review physician cited the Chronic Pain Medical Treatment Guidelines and noted the injured worker had only undergone two sessions of psychotherapy in an attempt to treat her mood and sleep disorder. The fact that other treatment options exist and have not been failed and exhausted, limits the injured worker from meeting guideline criteria for inclusion in a functional restoration program at thi time. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One functional restoration program for two (2) weeks, ten (10) days and 60 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chapter 5, page(s) 92; Chapter 12, page(s) 299-301, Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-4.

**Decision rationale:** Functional Restoration Program (FRP) is an established program of rehabilitation that utilizes a comprehensive, multidiscipline, individualized approach to maximize functional independence. It focuses on function not pain control and is useful for complex and/or refractory problems. However, it is not a set of defined therapies available at any program. Therefore, referral to such a program should also be based on the historical effectiveness of that specific program. Usually the more intensive the program the more effective it is. The MTUS does advise that selection of the patient is important, as effectiveness requires personal motivation on the part of the patient. It also requires that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. However, it also notes that, if the reason for the therapy is to avoid an optional surgery, a trial of 10 visits should be used. At any rate, treatment for longer than two weeks is not recommended unless there is evidence of effectiveness of the program. This patient has just begun outpatient psychotherapy, has not had a trial of other first line pain medications and has not specifically requested avoidance of surgery. The patient does not meet the requirements for FRP at present. Medical necessity has not been demonstrated.