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| <b>Case Number:</b>   | CM15-0009761 |                              |            |
| <b>Date Assigned:</b> | 01/27/2015   | <b>Date of Injury:</b>       | 11/01/2009 |
| <b>Decision Date:</b> | 03/20/2015   | <b>UR Denial Date:</b>       | 12/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/16/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 a male, who sustained an industrial injury on 11/01/2009. On provider visit dated 12/18/2014, the injured worker has reported back pain. He was noted to have diffuse tenderness over the lumbosacral spine area. The diagnoses have included post laminectomy syndrome of lumbar, sciatic, and lumbosacral radiculitis. Treatment plan OxyContin and functional restoration program. On 12/31/2014 Utilization Review modified functional restoration program. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Functional restoration program

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. In this case, the injured worker's working diagnoses are postlaminectomy syndrome, lumbar; sciatica; and lumbosacral radiculitis. The date of injury is November 1, 2009. The date of injury was November 1, 2009. The documentation reflects the injured worker had been partially temporarily continuously disabled over a period from 2012 through the present. The medical record does not contain documentation from the injured worker that he/she has a motivation to change. Medical record does not contain documentation of patient is willing to change his medication regimen. The medical record does not contain documentation the injured worker is aware that successful treatment may change compensation and/or other secondary gains. Additionally, the medical record did not contain a thorough multidisciplinary evaluation. Also, the documentation does not contain a function restoration program evaluation. Consequently, absent clinical documentation to meet the criteria for general use of multidisciplinary pain management programs with evidence of being partially temporarily continuously disabled for greater than 24 months, functional restoration program is not medically necessary.