

<b>Case Number:</b>	CM15-0123303		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	06/01/2005
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Texas, New York, 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 applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP), insomnia, depression, and panic attacks reportedly associated with an industrial injury of June 1, 2005. In a utilization review report dated June 8, 2015, the claims administrator approved request for a urine drug screen and "unknown sessions of psychotherapy" while denying a multidisciplinary evaluation for a functional restoration program. An RFA form received on June 1, 2015 and an associated progress note of May 8, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On September 24, 2015, the applicant apparently presented to emergency department alleging heightened back pain complaints status post earlier failed lumbar spine surgery. The applicant was given a shot of intramuscular Dilaudid in the emergency department. In a clinical progress note of September 4, 2015, the applicant was described as having chronic intractable low back pain complaints. The applicant was using a cane to move about. The applicant had undergone a failed spinal cord stimulator implantation. The applicant apparently attempted to commit suicide in February 2015 by overdosing on Lyrica. The applicant's medication list included Butrans, Norco, Sprix nasal spray, Abilify, Klonopin, Cymbalta, BuSpar, Lunesta, Desyrel, Lyrica, Colace, and MiraLAX, it was reported. The applicant's work status was not explicitly stated, although it did not appear the applicant was working. The applicant had received psychological consultation on May 29, 2015, it was reported. On June 11, 2015, the attending provider sought authorization for a functional restoration program evaluation. The attending provider seemingly sent in a 19-page appeal letter. The attending provider contended that making commentary on the applicant's lack of motivation

was in fact premature. On a progress note dated May 8, 2015, the applicant was described as still receiving psychotherapy and psychotropic medications. The applicant had issues with poor coping mechanisms, it was reported. The applicant was trying to use his spinal cord stimulator, it was acknowledged. The applicant was using a cane to move about. The attending provider suggested the applicant would benefit from a functional restoration program and an FRP evaluation was sought. It was acknowledged the applicant had attempted suicide in the past.

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

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

#### **1 Multidisciplinary evaluation for the functional restoration program to include psyche and PT evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Chronic pain programs (functional restoration programs).

**Decision rationale:** No, the request for a multidisciplinary evaluation for a functional restoration program to include a psychiatric evaluation and physical therapy evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary functional restoration program should be considered in applicants who are prepared to make the effort, here, however, the records reviewed did not appear that the applicant was in fact motivated to make the effort to try and improve. The applicant's work status was not reported on multiple office visits, referenced above, suggesting the applicant was not, in fact, working. There is no mention of the applicant's willingness to forgo disability and/or indemnity benefits in an effort to try and improve on multiple office visits, referenced above, including those dated May 8, 2015 and June 11, 2015. It appeared, moreover, that the applicant was receiving opioid medications from multiple physicians. The applicant presented to the emergency department on June 24, 2015 to obtain a shot of intramuscular Dilaudid. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that one of the primary criteria for pursuit of a functional restoration program was evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, the treating provider stated on May 8, 2015 that the applicant was actively seeking psychotherapy and psychotropic medications at that point in time. The applicant was described as having attempted suicide in February 2015. It appeared, thus, that a significant portion of the applicant's complaints were depression related and that there were, in fact, other appropriate treatment options which the applicant was receiving which were likely to generate significant improvement, including psychotropic medications and psychological counseling. Therefore, the request for a multidisciplinary functional restoration program evaluation is not medically necessary.