

<b>Case Number:</b>	CM15-0141395		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/30/2006
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old male patient, who sustained an industrial injury on January 20, 2006. He was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Per the doctor's note dated 7/23/15, he had complaints of low back pain, numbness, tingling, worry and depression. The physical examination revealed depression, anxiety and sadness. Per the FRP progress note dated 7/6/2015, he had significant gains in 8 out of 9 objective functional measures. The physical examination revealed improved lumbar and bilateral hip range of motion and improved strength. The medications list includes norco. In the beginning of the functional restoration program he was compliant with participation. He had continued awareness and coping mechanisms of his stressors, and emotional and physical deficits. He underwent a surgical lumbar decompression and fusion. Treatment included pain medications, physical therapy, epidural steroid injection, and 2 weeks of functional restoration program and activity modifications. The treatment plan that was requested for authorization included two additional weeks of a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 additional weeks (or equivalent in 80 part time hours) of a functional restoration program:** Overturned

**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 Chronic pain programs (functional restoration programs) Page Number 30-32.

**Decision rationale:** 2 additional weeks (or equivalent in 80 part time hours) of a functional restoration program. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs; Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." Per the cited guidelines "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.... Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities)." The pt has undergone a surgical lumbar decompression and fusion and he is on norco. Patient had completed 2 weeks of functional restoration program sessions for this injury with improvement. He had significant gains in 8 out of 9 objective functional measures with improved lumbar and bilateral hip range of motion and improved strength. Patient still has some functional deficits-low back pain and depression. The request of 2 additional weeks (or equivalent in 80 part time hours) of a functional restoration program is medically appropriate and necessary for this patient.