

<b>Case Number:</b>	CM15-0147412		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	09/29/1999
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: 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:

The injured worker is a 55 year old male who sustained an industrial on 9-29-99. He had complaints of low back pain. Treatments include: medication, physical therapy, spinal cord stimulator implant and four spine surgeries. Progress report dated 6-23-15 reports continued complaints of low back pain and left leg numbness and tingling. He has numbness and pulsing pain over his left foot and medial leg. Pain medication helps to partially relieve the pain and symptoms. The pain has increased over the last two months. Diagnoses include: lumbar disc with radiculitis, lumbar postlaminectomy syndrome and degeneration of lumbar disc. Plan of care includes: recommend as excellent candidate for functional restoration program. Work status: has not worked since 9-29-99. The injured worker is not a candidate for further surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 outpatient functional restoration program, 20 days, (4 days a week for 5 weeks): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

**Decision rationale:** According to the MTUS guidelines, 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; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the medical records note that the injured worker has previously undergone a functional restoration program. The medical records do not establish the medical necessity of a repeat functional restoration program. In addition, the request for 20 days exceeds the trial amount recommended by the MTUS guidelines. The request for 1 outpatient functional restoration program, 20 days, (4 days a week for 5 weeks) is therefore not medically necessary and appropriate.