

<b>Case Number:</b>	CM15-0163890		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/10/2006
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old female, who sustained an industrial injury on 6-10-2006. The injured worker was diagnosed as having failed lumbar surgery syndrome, chronic pain syndrome, cervicobrachial syndrome, mood adjustment disorder, metabolic disturbance, and urinary incontinence. Treatment to date has included diagnostics, lumbar spinal surgery in 2009 and 2010, physical therapy, removal of a sacral neurostimulator lead on 7-08-2015, and medications. On 6-04-2015, the injured worker complains of pain across the neck, back, and shoulder. Pain was rated 7 out of 10. She was having issues with sleep, spasms, stress, and anxiety. Various activities throughout the day were difficult for her. She also had issues with fluctuating weight gain and urinary incontinence. Medications included Topamax, Promethazine, Zaleplon, Oxycodone, and Colace. She was also having problems with diabetes and managing blood pressure. Sitting tolerance was greater than 25 minutes. Standing and walking tolerance was 5-10 minutes. The treatment plan included participation in a 10 day trial of a Functional Restoration Program. The rationale was to learn strategies and cut her opioid dependency by 50%. Her work status was permanently disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Participation in a 10 day trial of functional restoration program: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs: (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. MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time." Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Medical documentation provided indicate this patient is currently considering weight loss surgery. Additionally, it appears this patient is actively participating in aqua therapy. As such, the request for Participation in a 10 day trial of functional restoration program is not medically necessary.