

<b>Case Number:</b>	CM15-0165516		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 27 year old male, who sustained an industrial injury on 11-21-2013. Diagnoses include lumbago, right side sciatica, and L5-S1 annular disc tear with disc protrusion 4mm. Treatment to date has included surgical intervention of the lumbar spine (4-01-2014), as well as conservative measures including diagnostics, physical therapy and medication. Per the Primary Treating Physician's Progress Report dated 7-15-2015, the injured worker reported ongoing problems with chronic lower and right lower back pain with occasional right leg pain. He has been off his medications since Saturday and is experiencing some withdrawal symptoms. Physical examination of the lumbar spine revealed a well healed incision. There is tenderness at the incisional area as well as in the right PSIS region. Lumbar flexion brings fingertips to the level of the knees, extension 10 degrees, and right and left lateral tilt 20 degrees with right lower back pain at each lower limit. The plan of care included, and authorization was requested for a multidisciplinary program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One multidisciplinary program:** Upheld

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

**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 (ODG) Pain section, Functional restoration program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one multidisciplinary 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; an adequate and 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 from work more 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. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are lumbago; right-sided sciatica; and L5 - S1 annular disk care with disc protrusion 4 mm. The date of injury is November 21, 2013. Request for authorization is July 23, 2015. The worker is 27 years old. According to a June 15, 2015 progress note, the injured worker has ongoing low back pain that radiates to the right leg. The injured worker is status post-lumbar surgery April 1, 2014. The injured worker does not want epidural steroid injections. The treating provider is awaiting physical therapy results before ordering the functional restoration program. Objectively, there is tenderness to palpation over the incisional area and the right PSIS (?). According to an August 25, 2015 progress note, the treating provider is still ordering conservative modalities including aquatic therapy and pain management consultation. The treating/requesting provider has not exhausted conservative modalities prior to ordering the functional restoration/multidisciplinary program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation from the June 15, 2015 progress note stating the treating provider is "awaiting physical therapy results before ordering a functional restoration program" and incomplete documentation indicating the injured worker has completed conservative treatment, one multidisciplinary program is not medically necessary.