

<b>Case Number:</b>	CM15-0166150		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/21/2002
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/08/2015
<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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 51 year old female who sustained an industrial injury on 09-21-2002. She reported a slip and fall backwards onto the buttocks resulting in immediate and low back pain. The injured worker's current diagnoses are: myofascial pain syndrome, axial low back pain, and opioid tolerance, opioid induced hyperalgesia, and lumbar radiculopathy. Treatment to date has included medications and participation in a functional rehabilitation program. Her medications included Tramadol, Lyrica, and Naproxen. In the notes of 05-18-2015 to 05-22-2015 that described the worker's gains in the functional restoration program, the injured worker initially complained of pain in the low back that she rated as a 10 on a scale of 10 in intensity. Participation in a functional restoration program decreased her overall medication use by 50%. She participated fully in all aspects of psychology and physical therapy. Tolerance for standing and walking showed continued improvement, as did her ability to cope without opioid medications. Interventions in the program included cognitive behavioral therapy, motivational interviewing and narrative therapy. The recommendation from the provider was for authorization of week #3 and #4 of the functional rehabilitation program in order to wean off all opioid medications completely, improve her standing and walking tolerance to 45 minutes to allow her to participate in the work force, teach mechanisms of coping so she does not return to the emergency room to manage exacerbations of chronic pain, and improve her ability for self-care so she is independent with all activities of daily living. A request for authorization was submitted for 1 week #3 and week #4 of a Functional Restoration Program (50 hours contact time). A utilization review decision (08-08-2015) stated the request for continued functional

restoration for two additional weeks did not appear to be medically appropriate due to the interruption of ten weeks' time interval between the end of the first two weeks of the program (05-22-2015), and the request for weeks #3 and #4 of the program (received 08-24-2015).

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

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

#### **1 week #3 and week #4 of a Functional Restoration Program (50 hours contact time):**

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): Functional restoration programs (FRPs).

**Decision rationale:** Based on the 6/1/15 progress report provided by the treating physician, this patient presents with ongoing low back pain and left lower limb pain with numbness/tingling all the way down to the toes rated 8-9/10 on VAS scale. The treater has asked for 1 week #3 and week #4 of a functional restoration program (50 hours contact time) but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 7/22/15 are chronic pain syndrome, axial low back pain, and opioid tolerance. The patient states that pain is mostly in the posterior part of the leg but 80% of the pain is in the low back per 6/1/15 report. The patient states that despite medications and injection therapies, she has not improved with her standing/walking tolerance per 6/1/15 report. The patient has limitations to her gait secondary to functional decline per 3/2/15 report. The patient's current medications include Tramadol, Naproxen, and Lyrica per 5/12/15 report. The patient is s/p 50 hours of a functional restoration program and her walking tolerance has gone from 5 minutes to 20 minutes, and her stair climbing has gone from 15 to 30 steps per 5/12/15 report. The patient has decreased overall medication use by 50% and participated fully in her psychological/physical therapy per 5/12/15 report. The patient's work status is temporarily totally disabled as of 6/1/15 report. MTUS Functional Restoration Programs (FRPs) pg. 49: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. In regard to weeks 3 and 4 of additional functional restoration program, the request is not in accordance with guideline recommendations. Per 5/12/15 report, the patient is s/p 50 hours (2 weeks) of a

functional restoration program from 5/11/15 to 5/22/15 and her walking tolerance has gone from 5 minutes to 20 minutes, while her stair climbing has gone from 15 to 30 steps per 5/12/15 report. However, her lifting has stayed at 5 pounds despite 2 weeks of functional restoration program per 5/12/15 report. Her goals for the next 50 hours of functional restoration program include improving her walking/standing tolerance to 45 minutes and improve pulling/pushing/lifting from the current 5 pounds to 20 pounds, as the treater states that the patient must attain 1 hour of walking/standing and 35 pounds of pulling/pushing/lifting to return to work. It appears the patient has made progress in standing, walking, but not in lifting/carrying per review of reports. In addition, the treater states the patient had a 50% reduction in medication usage but does not mention any improvement in pain per 5/12/15 report. The patient's pain is rated 10/10 per 5/12/15 report, and patient "continues to want to do her work but is unable to think about how she will participate as a housecleaner because her functionality has been so limited." MTUS guidelines require demonstrated efficacy and subjective/objective gains to be documented for treatment longer than 2 weeks. In this case, the patient has not improved her lifting ability, a lack of documentation of subjective improvement, and exhibits a lack of motivation as per MTUS guidelines. The request for additional 50 hours of functional restoration program exceeds guideline recommendations in this case. Therefore, the request IS NOT medically necessary.