

<b>Case Number:</b>	CM15-0188729		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 is a 57 year old male, who sustained an industrial injury on 10-19-2012. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus with degenerative disc disease, cervical radiculopathy, lumbar spine herniated nucleus pulposus, and lumbar radiculopathy. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. On 7-22-2015, the injured worker complains of neck and back pain, reporting "no significant changes since his previous visit", along with frequent headaches and memory loss. His neck and back pain was rated 9 out of 10. He wished to consider surgical intervention for his neck, noting that he was not interested in epidural steroid injections because of his diabetes. His work status was permanent and stationary and he did not work since 10-19-2012. Current medications included Ibuprofen, Gabapentin, Lovastatin, Trazadone, Metformin, Aspirin, Lantus insulin, Ultracet, Lisinopril, Hydrochlorothiazide, and Meclizine. His gait was assisted by a cane and he was wearing a lumbar brace. Diffuse tenderness was noted throughout the cervical, thoracic and lumbar spine, along with range of motion in the cervical and lumbar spine decreased in every plane. Decreased sensation was noted in the left C6-8 dermatomes and in the right L3-S1 dermatomes. Positive straight leg raise was noted on the right and positive slump test was noted bilaterally. Spurling's test was also positive bilaterally. The treatment plan included functional restoration program for neck and back pain, non-certified by Utilization Review on 8-31-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program for back pain: 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:** The patient was injured on 10/19/12 and presents with pain in his right/left shoulder and right/left knee. The request is for a FUNCTIONAL RESTORATION PROGRAM FOR BACK PAIN to help increase his functional capacity in spite of his pain and help him more readily accomplish his ADLs. There is no RFA provided and the patient is on modified work duty, if available. MTUS Guidelines, Functional Restoration Program Section, page 49 indicates that functional restoration programs may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient is diagnosed with cervical spine herniated nucleus pulposus with degenerative disc disease, cervical radiculopathy, lumbar spine herniated nucleus pulposus, and lumbar radiculopathy. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. The 07/22/15 report states that this patient reports severe pain and disability. His pain is chronic. He has failed conservative treatment including chiropractic therapy, acupuncture and medication management. A functional restoration program may help increase his functional capacity in spite of his pain and help him more readily accomplish his ADLs. There is no documentation of any prior FRP the patient may have had, nor is there any evaluation regarding the patient's candidacy for FRP. The negative predictors are not addressed as required by MTUS. The patient's secondary gain issues, motivation to change and improve, and any potential for surgical needs are not addressed. The requested Functional Restoration Program IS NOT medically necessary.