

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0194747 |                              |            |
| <b>Date Assigned:</b> | 10/08/2015   | <b>Date of Injury:</b>       | 07/17/2014 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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 46 year old male, who sustained an industrial injury on 7-17-2014. The injured worker was being treated for herniated disc at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1), right L5-S1 radiculopathy, and annular tear at L4-5 and L5-S1. Medical records (5-22-2015 to 8-20-2015) indicate stable back pain, rated 3-4 out of 10 on a visual analogue scale. The injured worker's pain is a 7 out of 10 on a worse day. The physical exam (5-22-2015 to 8-20-2015) revealed positive pain to palpation over the L4-5 and L5-sacral 1 with palpable spasms, limited range of motion, a positive right straight leg raise, motor strength 5- out of 5 of the right extensor hallucis longus and gastrocnemius, intact sensation of the bilateral lower extremities, and 1+ deep tendon reflexes of the knees and ankles. On 2-10-2015, an MRI of the lumbar spine revealed small disc protrusions at L1-2 (lumbar 1-2) and L2-3 (lumbar 2-3). There was a moderate disc protrusion at L4-5 and a small disc protrusion with annular tear at L5-S1, and moderate to severe foraminal stenosis at right L4-5 and moderate right L5-S1. Per the treating physician (8-20-2015 report), flexion and extension x-rays revealed retrolisthesis at L2-3 (lumbar 2-3), but no significant motion. Flexion and extension x-rays from 6-29-2015 revealed no instability. There was facet arthropathy. Treatment has included at least 8 sessions of physical therapy, acupuncture, a back brace, and non-steroidal anti-inflammatory medication. Per the treating physician (6-29-2015 report), the injured worker has not returned to work. On 8-20-2015, the requested treatments included 6 sessions of functional restoration program. On 9-9-2015, the original utilization review non-certified/modified a request for Norco 10/325 #30 (original request for #150) to allow for weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **6 Functional rehabilitation program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of functional restoration programs. Functional restoration programs (FRPs), a type of treatment included in the category of [REDACTED], were originally developed by [REDACTED] and [REDACTED]. 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. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck, shoulder pain, as opposed to low back pain, and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the records request 6 sessions of a Functional Rehabilitation Program; however, there is no timeframe associated with this request. This is important as the above-cited MTUS guidelines state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Given that these requirements of the MTUS guidelines were not addressed, the request for 6 sessions of a Functional Rehabilitation Program is not at this time considered to be medically necessary.