

<b>Case Number:</b>	CM15-0198511		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 20, 2011. In a Utilization Review report dated October 7, 2015, the claims administrator approved a request for psychological consultation while denying a functional restoration program. A September 15, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain radiating to the leg. The applicant was on Norco, Neurontin, Flexeril, and Cymbalta, it was reported, along with other unspecified sleep medications. The applicant was reportedly worsened, the treating provider contended on this date. Overall commentary was sparse. On a September 18, 2015 narrative report, the applicant reported heightened complaints of low back pain radiating to the legs. The applicant had undergone an earlier lumbar spine surgery, it was reported. Indwelling fusion hardware was demonstrated on x-rays of the lumbar spine. The applicant was described as doing well on Norco, Neurontin, unspecified sleeping medications, Flexeril, and Cymbalta, it was reported. A psychological consultation and a functional restoration program were seemingly sought. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, lumbar spine, per 09/15/15 order: Upheld**

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

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

**Decision rationale:** No, the request for a functional restoration program (FRP) was not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant suffers from chronic pain, the less likely it is that any kind of treatment, including a comprehensive multidisciplinary functional restoration program, will be effective. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of a functional restoration program some four years removed from the date of injury as of the date of the request, September 15, 2015. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants should undergo a precursor evaluation to determine the applicant's suitability for a functional restoration program before moving forward with the same. Here, however, the attending provider's September 15, 2015 and September 18, 2015 office visits suggested that the applicant had not yet undergone the precursor evaluation prior to the request for an FRP being initiated. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that one of the primary criteria for pursuit of a functional restoration program is evidence that an applicant is motivated to improve and is willing to forgo secondary gains, including disability benefits, in an effort to effect that change. Here, however, there was no mention of the applicant's willingness to forgo disability and/or indemnity benefits in an effort to try and improve. Therefore, the request was not medically necessary.