

<b>Case Number:</b>	CM15-0201998		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, District of Columbia,  
Maryland Certification(s)/Specialty: Anesthesiology, Pain  
Management

### 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 40-year-old, male who sustained a work related injury on 6-6-12. A review of the medical records shows he is being treated for low back pain. In the Initial Office Visit dated 9-11-15, the injured worker reports constant low back pain with radicular pain in right leg. He is uncomfortable looking after himself performing activities of daily living. He is careful in doing so. He cannot carry anything. He walks a limited distance with assistive device. He has great difficulty doing most activities. He has severe depressions and anxiety. On physical exam dated 9-11-15, He has tenderness to palpation at the right lumbosacral junction. He has decreased lumbar range of motion. He has tender lumbar facets loading on the right. He has decreased sensation in the right foot. Treatments have included physical therapy-no adequate relief (unknown number of sessions), medications and lumbar epidural steroid injections-no adequate relief. Current medications include Norco and Motrin. He is not working. The treatment plan includes a functional restoration program evaluation, providing him with Naprosyn, Orphenadrine and Gabapentin and discontinuing his Norco. The Request for Authorization dated 9-16-15 has a request for an initial evaluation at the [REDACTED] Functional Restoration Program. In the Utilization Review dated 9-22-15, the requested treatment of an evaluation for a functional restoration program is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation for functional restoration program:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Chronic Pain Programs.

**Decision rationale:** With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed" (there are many of these outlined by the MTUS). I respectfully disagree with the UR physician's denial based upon a lack of documented efforts at individual psychotherapy, psychiatric treatment, and/or cognitive behavioral therapy. While it is noted that the injured worker has severe depression and anxiety, per the citation above, the criteria for FRP states that previous methods of treating chronic pain have been unsuccessful. The injured worker was refractory to physical therapy, injections, and medication management. This is a request for an evaluation. The request is medically necessary.