

<b>Case Number:</b>	CM15-0205159		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Arizona, 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 30 year old male with a date of injury on 10-20-2015. The injured worker is undergoing treatment for chronic pain, disc displacement, sprain lumbar region, and depression. A functional restoration program evaluation note dated 07-06-2015 documents the injured worker has periodic pain in his lower back and it occurs off and on throughout the day. His pain is improved from his initial pain but he is now "stuck". He complains of some symptoms of depression and anxiety. His physical therapy evaluation done on 07-06-2015 documents he has low back pain and described his pain as sharp at times, but mostly a dull ache and soreness. He has stiffness in the morning. Heat helps more than ice. He can do personal ADL's. He wants to get back to work. He is a fairly high functioning with moderate pain constant in his back. He does not have a normal exercise program and has weakness at his core that results in pain and stiffness. He would benefit from a multi-disciplinary functional restoration program to prevent future surgeries, as he is already considering a lumbar fusion. He complains of axial low back pain primarily focused on the right side above his buttocks and extending through the midline over the surgical incision. His pain is rated 0 out of 10 to 10 out of 10. He occasionally has mild sensation of numbness and tingling in his right buttock area. He has not had any exposure to chronic pain psychology and cognitive behavior therapy and chronic pain education. Treatment to date has included diagnostic studies, medications, status post hemilaminectomy and discectomy at the right L5-S1 level on 10-14-2009, and right L5-S1 laminectomy with resection of scar tissue and a right L5-S1 and L1-S2 foraminotomies on 05-04-2011, physical therapy, massage, acupuncture, exercises, use of a Transcutaneous Electrical

Nerve Stimulation unit, trigger point injections, epidural steroid injections, massage. He takes Ibuprofen for pain. The Request for Authorization includes functional restoration program x 160 units (lumbar and depression). On 09-30-2015 Utilization Review non-certified the request for functional restoration program x 160 units (lumbar and depression).

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

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

#### **Functional restoration program, lumbar and depression, 160 units: Upheld**

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

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

**Decision rationale:** According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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. The claimant has a history and desire to improve and return to work. The claimant has failed other conservative measures. Although FRP is appropriate, the request for 160 units exceeds the trial session to determine functional response. Therefore, the amount requested is not medically necessary.