

<b>Case Number:</b>	CM15-0206638		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 22 year old male who sustained an industrial injury December 19, 2013. Past treatment included medications, physical therapy, home exercise and modification. According to a treating physician's office visit notes dated September 10, 2015, the injured worker presented with ongoing pain in the left lower back radiating to the left leg and down to the ankle. He rated his pain an average of 7 out of 10 and 8 out of 10 at its worst. He is able to tolerate sitting for 15-20 minutes, standing for 10-15 minutes and walking for 10-15 minutes. He reports no difficulty sleeping, same as the last visit. He is able to complete with some difficulty; bathing, cleaning, cooking, dressing, grooming, and driving. Current medication included Colace, Norco (since at least 2014), Omeprazole, and Eszopiclone. Objective findings included; neck back and extremities-trigger points palpated in the gluteus medius and quadratus bilaterally; left knee extension is 4 out of 5, left ankle dorsiflexion 4+ out of 5, all other muscles throughout the lower extremities were 5 out of 5; sensation to light touch intact in dermatomes L3-S1 bilaterally; sacroiliac compression test positive, positive lumbar facet maneuver bilaterally; gait hyperpronated bilaterally. Diagnoses are sprains and strain of the sacroiliac ligament; chronic pain syndrome. At issue, is the request for authorization for a functional restoration program for the lumbar spine, 24 sessions. Electrodiagnostic studies dated May 21, 2015, (report present in the medical record) impression; there is electrodiagnostic evidence for a bilateral L5 radiculopathy; there is no electrodiagnostic evidence for a peripheral neuropathy. According to utilization review dated September 19, 2015, the request for (24) Sessions in a Functional Restoration Program for the lumbar spine was modified to allow a trial of (10) Sessions initially.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Functional restoration program for the lumbar spine, 24 sessions: 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): Functional restoration programs (FRPs).

**Decision rationale:** The 22 year old patient complains of low back pain radiating to left leg and ankle, as per progress report dated 09/10/15. The request is for Functional restoration program for the lumbar spine, 24 sessions. There is no RFA for this case, and the patient's date of injury is 12/19/13. Diagnoses, as per progress report dated 09/10/15, included sprains and strains of the sacroiliac ligament and chronic pain syndrome. Medications include Colace, Norco, Omeprazole and Eszopiclone. As per progress report dated 06/25/15, the patient has also been diagnosed with lumbar neuritis or radiculitis, and sciatica. The patient is on modified duty, as per progress report dated 09/10/15. The MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs (FRPs) section, recommends the program and indicate it 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. The guidelines further state; "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). 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." In progress report dated 09/10/15, the treater is requesting for "interdisciplinary evaluation to determine if patient is a candidate for the functional restoration program." In the same report, the treater is "recommending FRP program multi despairing approach to maximize his pain and previous case to MMI status." The pain is interfering significantly with the patient's activities of daily living. In progress report dated 04/06/15, the treater indicates the patient is motivated to change and achieve maximum medical improvement. While the progress report, dated 09/10/15, states that the request is for interdisciplinary evaluation, the current request for review is for 24 sessions of FRP. There is no indication of adequate and thorough evaluation, as required by MTUS. The treater does not discuss the patient's candidacy for surgery nor does the treater state that the negative predictors for success have been addressed. Additionally, MTUS does not recommend more than 20 full-day sessions, and the current request exceeds that limit. Hence, it is not medically necessary.