

<b>Case Number:</b>	CM15-0208096		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	03/01/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New Jersey  
 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 42 year old male who sustained an industrial injury on 03-01-2015. Medical records indicated the worker was treated for injury of the lumbar spine. His diagnoses include: lumbar disc displacement L5-S1 by MRI (08-18-2015), lumbosacral neuritis, myalgia and myositis, spasm of muscle, sacroiliac sprain-bilateral, and spinal stenosis-lumbar. The worker has tried physical therapy, medications (including Ibuprofen and Norco), and a transcutaneous electrical nerve stimulation (TENS) unit. According to provider notes of 09-23-2015, he takes Norco for pain. The injured worker complains of constant severe lower back pain radiating to the bilateral hips, down his left foot with occasional numbness. On physical exam, he has a mild antalgic gait without assistive devices. His range of motion of the hips is reported as "limited "due to pain, left more than right. He has tenderness of the bilateral sacroiliac and gluteal areas, left more than right. He has no gross deformities noted on the lumbar spine, and has decreased range of movement in all planes due to pain. Examination of the sacrum and pelvis reveals point tenderness of the sacroiliac joints left more than right, and trigger point left piriformas muscle. Muscle strength shows a mild decreased hip abduction due to pain. He has a positive straight leg raising, positive Patrick's-Fabere, left more than right. The treatment plan included electrodiagnostic studies, gabapentin, and continuation of Norco, which he is getting from his primary physician for non-industrial knee pain. He is on modified work restrictions. A request for authorization was submitted for: 1. Office visit, return to clinic. 2. Multi-disciplinary evaluation to determine if appropriate for a functional restoration program consisting of: One time, all day consultation with 3 providers and psychosocial testing for interdisciplinary evaluation. A utilization review decision 10-02-2015 approved the Office

visit, return to clinic, and non-certified the Multi-disciplinary evaluation to determine if appropriate for a functional restoration program consisting of: One time, all day consultation with 3 providers and psychosocial testing for interdisciplinary evaluation.

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

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

**Multi-disciplinary evaluation to determine if appropriate for a functional restoration program consisting of: One time, all day consultation with 3 providers and psychosocial testing for interdisciplinary evaluation: 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): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. 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. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, there was limited evidence that all other conservative and non-conservative methods of care were tried to help reduce his low back pain and improve function. One factor in particular is his morbid obesity, which is clearly a major contributor of his chronic low back pain. Without a more thorough attempt at helping this worker with other methods first, this multi-disciplinary evaluation in hopes to attend a functional restoration program will not likely be very productive, and is not medically necessary, in the opinion of this reviewer.