

<b>Case Number:</b>	CM15-0210743		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 45 year old male, who sustained an industrial injury on 04-23-2013. A review of the medical records indicates that the worker is undergoing treatment for psychophysiological disorder, chronic pain syndrome, spondylosis, degeneration of lumbosacral disc, low back pain, lumbosacral radiculitis and lumbar sprain. Treatment has included medications, physical therapy and functional restoration program. As per a 08-04-2015 progress note, the injured worker continued to complain of low back pain radiating to the left lower extremity with poor sleep and mood. The worker underwent an interdisciplinary evaluation on 07-21-2015, which recommended a functional restoration program (FRP). Objective findings showed multiple myofascial trigger points in the lumbar paraspinous muscles with hyperalgesia in the left gluteal musculature. The physician noted that the worker had failed conservative treatment and was motivated to succeed and get back to work. The injured worker started an FRP on 08-24-2015. An FRP weekly integrative summary report dated 09-18-2015 listed physical and psychosocial treatment goals including independence in flare up management, increased strength and endurance, independence in activities of daily living, increased functional tolerance, return to work, cognitive behavioral strategies to manage pain and reduce stress and decrease use of illness focused coping strategies. The worker was noted to be in the third week of the FRP. Pain was documented as 3.3 out of 10. Subjective gains included increased activity and exercise, better body mechanics, increased happiness, more awareness of emotions and positive thinking, increased communication and acceptance and leaving the house more and doing more at home. Objective functional progress included increased endurance and strength but the worker was

noted to demonstrate limited ability to participate in functional activities and daily exercises due to flare up of pain. The worker was noted to participate in six hours of daily activity with improved activity tolerance and was noted to be compliant with treatment and to demonstrate continued motivation. The worker was also noted to be using physical, psychological, social and spiritual, environmental and physiological strategies to manage pain and stress. A utilization review dated 10-02-2015 non-certified a request for functional restoration program 2x weekly, 10 days, 60 hours.

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

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

**Functional restoration program 2x weekly, 10 days, 60 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (Chronic) 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 patient presents on 09/21/15 with improving body mechanics, relaxation, social interaction, and environmental function. The patient's complains of lower back pain with associated psychophysiological disorder. The patient's date of injury is 04/23/13. The request is for functional restoration program, 2x weekly, 10 days, 60 hours. The RFA was not provided. Physical examination dated 09/21/15 reveals multiple myofascial trigger points in the lumbar paraspinal musculature with hyperalgesia noted in the left gluteus. The patient is currently prescribed Naproxen, Gabapentin, Lipitor, and Lisinopril. Patient's current work status is not specified. MTUS Guidelines, Functional Restoration Programs section, page 49 has the following regarding the criteria for the attendance of an FRP: (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 that "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). 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)." In regard to the functional restoration program attendance for this patient's chronic pain, the requesting provider has exceeded guideline recommendations. Progress note dated 09/21/15 indicates that this patient has completed four weeks and a total of 120 hours of a functional restoration program, with improvements noted. MTUS guidelines indicate that attendance of functional restoration programs should not exceed 20 full-day sessions (160 hours) unless a clear rationale for extension including reasonable goals to be achieved. In this case, the requested 60 hours

attendance in addition to the 120 hours completed (for a total of 180 hours) exceeds MTUS recommendations. Addressing the goals for future treatment, the provider lists the following: "Resume work... Connect with his daughter... Avoid Surgery... Lose weight." While MTUS guidelines do specify that FRP extensions require clear goals to be obtained, the treatment goals specified are vague, and it is not clear how FRP attendance in excess of 160 hours will facilitate this patient to "connect with his daughter" or "avoid surgery." It is also not clear why this patient is unable to perform self-directed weight loss through diet and exercise, or why the treatments/counseling to date have not been sufficient to prepare this patient for a return to the workforce. Given this patient's completion of 120 hours of functional restoration, and the lack of a clear rationale for additional treatment in excess of the 160 hours specified by MTUS, the 60 hours of FRP attendance cannot be substantiated. Therefore, the request IS NOT medically necessary.