

<b>Case Number:</b>	CM15-0038136		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 63-year-old male, who sustained an industrial injury on August 27, 2009. He has reported head and back injuries. His diagnoses include lumbar disc degeneration and lumbar disc displacement without myelopathy. He has been treated with psychotherapy, physical therapy, epidural injections, and medications include oral and topical pain, topical muscle relaxant, multiple antidepressants, an antipsychotic, anti-anxiety, and a non-steroidal anti-inflammatory. On December 20, 2014, his treating physician reports continued neck and low back pain without acute changes in his condition. He states there are fluctuations in pain depending on his activity level, but he has been stable for years. He reports deconditioning and muscle atrophy due to inactivity. He is strongly interested in a functional restoration program and is very motivated to participate in physical therapy to feel stronger and better. His pain medication provides a 50% decrease in pain. The physical exam was unremarkable. The treatment plan includes an initial evaluation for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation for Functional Restoration Program:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP  
Page(s): 30-32, 49.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/ lower extremity. The request is for initial evaluation for functional restoration program (FRP). The 12/30/14 progress report, "the patient has a strong interest in participating in FRP." Per 11/18/14 progress report, "The patient has exhausted medical treatment, has had rehabilitative treatment and also has had epidural steroid injections. The pain significantly interferes with his ability to conduct activities of daily living and has also has confounding factors such as anxiety and depression." Regarding criteria for multidisciplinary pain management program, MTUS guidelines page 30 and 32 states "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. 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." MTUS Guidelines page 32 further states that a 2-week functional restoration program is recommended if all the criteria are met. In this case, the patient has had persistent chronic pain for nearly six years and the requested evaluation to determine the patient's candidacy for functional restoration program appears reasonable. The patient has failed conservative care and MTUS does support FRP if the criteria are met. The request for an evaluation to consider FRP IS medically necessary.