

<b>Case Number:</b>	CM15-0049616		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	03/17/2000
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 61 year male who sustained an industrial injury on March 17, 2000. He has reported injury to the lower back, has been diagnosed with depressive disorder not elsewhere classified, and post laminectomy syndrome, lumbar region. Treatment has included a HELP outpatient [REDACTED] Functional Restoration Program. The injured worker has done well in his program. He has made good progress, particularly as they have increased Wellbutrin. He states he is very happy with the program and feels that it has helped him tremendously. The treatment request included 80 additional hours of the HELP [REDACTED]/Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 80 hours of Program/functional restoration program, outpatient for chronic low back pain:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional 80 hours of program/functional restoration program as an outpatient for chronic low back pain is medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documents improved outcomes from the facility. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are depressive disorder not elsewhere classified; and post laminectomy syndrome lumbar region. The injured worker has been engaged in a functional restoration program that ranged from November 5, 2014 through February 19, 2015. The first 80 hours of the FRP were completed. The treating providers submitted functional restoration program integrative summary reports. There were both subjective and objective functional gains documented in the biweekly integrative summary reports. There was improvement in the injured worker's affect, performance on the gym floor, performance and functional activities. An additional 80 hours is clinically indicated (not to exceed guideline recommendations of 160 hours), based on clinical information in the medical record and peer-reviewed evidence-based guidelines, additional 80 hours of program/functional restoration program as an outpatient for chronic low back pain is medically necessary.