

<b>Case Number:</b>	CM15-0082755		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	12/29/2009
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 63 year old female who sustained an industrial injury on 12/29/09. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar epidural steroid injections, and a home exercise program. Diagnostic studies include MRIs. Current complaints include cervical and back pain and spasms. Current diagnoses include lumbar disc with radiculitis, degeneration of lumbar and cervical disc, post-concussion syndrome, and cervical disc protrusion and annular tear at multiple levels, and low back pain. In a progress note dated 04/01/15 the treating provider reports the plan of care as medications including Norco, Tizanidine, and Thermacare patches, and a Functional Restoration Program. The requested treatment is a Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (# days) Qty: 32: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**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, a functional restoration program (#32 days) is not 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 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. 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 lumbar disc with radiculitis; degeneration lumbar disc; low back pain; degeneration cervical disc; and hypertension. Subjectively, according to an April 1, 2015 progress note, the injured worker has multiple complaints including cervical pain, post-concussion syndrome, C3 - C4 disc herniation. The injured worker had bilateral L4 and L5 epidural steroid injections with recurrent pain. She manages her symptoms with Tizanidine and Norco. The injured worker has a history of post-concussive head syndrome and noted a lot of stress after the injury. She has previously complained of difficulty concentrating, memory loss, imbalance, difficulty speaking. She was worked up of the emergency department on February 27, 2015. There was no stroke diagnosis but the treatment was directed at migraine headaches. The injured worker underwent a multidisciplinary functional restorative evaluation on March 24, 2015. The evaluation was not in the medical record. The medical record contained 29 pages and a single progress note dated April 1, 2015. The treating provider is requesting 32 days in a functional restoration program. Total treatment (according to the guidelines) should not exceed four weeks (24 days hundred and 60 hours). The treating provider has exceeded the recommended guidelines. The injured worker was deemed permanent and stationary in August 19, 2009. The worker has been (according to the guidelines), continuously disabled from work for more than 24 months (approximately 5 years). The outcomes for necessity of use should be clearly identified on the duration of disability. The outcome for necessity of use is not documented in the medical record. There were no negative predictors including psychosocial distress, financial issues, prevalence of opiate use and pretreatment levels of pain discussed in the record. Consequently, absent documentation that includes the functional restoration multidisciplinary evaluation report, a request for 32 days (FRP) in excess of the recommended

guidelines (24 days), permanent disability in excess of five years, and no discussion of negative predictors of success, a functional restoration program (#32 days) is not medically necessary.