

<b>Case Number:</b>	CM15-0085370		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 54 year old male who sustained an industrial injury on 9/13/12 when he was holding a pot weighing about 70 pounds and experienced low back and left lower extremity pain. He had a medical evaluation and received medication, physical therapy, chiropractic sessions. He currently complains of pain in the left low back area with radiation to the left lower extremity with tingling, numbness and weakness. He has physical and psychological issues due to the pain. On physical exam his range of motion of the lumbar spine is decreased as well as sensation. He has a positive straight leg raise on the left. His current medications are Norco, gabapentin, Voltaren and Norflex. Diagnoses include lumbar disc with radiculitis; low back pain; myofascial pain. Treatments to date include physical therapy, chiropractic therapy, medications, transcutaneous electrical nerve stimulator unit, heating pad, massage and acupuncture, lumbar epidural steroid injection (10/8/14 and 1/14/15). Diagnostics include MRI of the lumbar spine (12/22/12) showing annular disc bulging, disc desiccation. In the progress note dated 1/10/15 the treating provider's plan of care recommends a Functional Restoration Evaluation to determine if he would be a candidate for such a program. The progress note dated 4/13/15 indicates the treating provider requesting authorization 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:

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, p. 49, and Chronic pain programs, p. 30-34.

**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, upon review of the documents available, there seemed to be some evidence to support the consideration of a functional restoration program, however, an official evaluation for such is recommended before considering any attendance to such a program. Also, there was no number of days requested or description of the program itself included. Therefore, considering the above reasons, the request for a functional restoration program will be not medically necessary at this time.