

<b>Case Number:</b>	CM15-0087466		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Texas, California

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 28-year-old male who sustained an industrial injury on June 3, 2014. He has reported lower back pain and has been diagnosed with lumbosacral strain and pain, chronic low back pain, lumbosacral degenerative disc disease, bilateral lower extremity radicular pain, resolving, and herniated nucleus pulposus. Treatment has included medications, physical therapy, and medical imaging. Examination of the lumbar spine revealed an antalgic gait. There was loss of lumbar lordosis. Lumbosacral flexion was at 25 degrees. Extension was at 0 degrees with complaints of pain. Strength in the bilateral lower extremities was difficult to access due to give way weakness due to pain. The treatment request included a functional restoration Program, 4 days for 5 weeks, PT, psych, and physician visits once a week for five weeks then once a month for six months. Patient has received an unspecified number of PT visits for this injury. Per the doctor's note dated 4/20/15 patient had complaints of low back pain at 6-7/10 physical examination of the low back revealed tenderness on palpation, limited range of motion, positive Waddell sign, guarded gait, negative SLR, and normal sensory and motor examination. The medication list include Tramadol, Neurontin, Medrol dose pack, Famotidine, Amitriptyline, lyrica and Flexeril. The patient has had MRI of the low back that revealed stenosis and disc bulge and EMG study that revealed L5-S1 radiculopathy. The patient has used a cane for this injury. The patient has had history of difficulty in sleeping

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration Program - 4 days a week for 5 weeks, PT, psych, and physician visits one a week for 5 weeks and then once a month for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page 30-32, Chronic pain programs (functional restoration programs).

**Decision rationale:** Request: functional restoration program, 4 days for 5 weeks, PT, psych, and physician visits once a week for five weeks then once a month for six months. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines criteria for the general use of multidisciplinary pain management programs. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed. The criteria for chronic pain management program have not been met as per records provided. Patient has received an unspecified number of PT visits for this injury. A response to a complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. In addition, per ODG, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain." The pt had a positive Waddels sign. In addition the patient's physical examination at the end of every month was not known at present, so the physician visits once a month for six months is not fully established. The medical necessity of the request for functional restoration program, 4 days for 5 weeks, PT, psych, and physician visits once a week for five weeks then once a month for six months is not fully established for this patient. The request is not medically necessary.