

<b>Case Number:</b>	CM15-0087581		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/13/2003
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 12/13/03. He has reported initial complaints of cervical and lumbar injuries working as a truck driver. The diagnoses have included lumbar degenerative disc disease (DDD), bilateral lower extremities radicular symptoms, lumbar post laminectomy syndrome, low back pain and status post anterior cervical decompression and fusion surgery. Treatment to date has included diagnostics, lumbar surgery, neck surgery, lumbar spinal cord stimulator, epidurals with relief for 3 months only, chiropractic 6 sessions, physical therapy maximum sessions with no benefit, and medications, which have failed as they lost efficacy. Currently, as per the physician progress note dated 4/1/15, the injured worker is for evaluation and is deconditioned and complains of right lower back and bilateral hip pain. The objective exam reveals that he has a lumbar spinal cord stimulator implant, he continues to have pain in the low back and hips, he is poorly conditioned, the gait is antalgic, and his ability to do simple activities of daily living (ADL) tasks is hindered. The physical therapy evaluation reveals that he has poor core strength with increased pain and limited range of motion. He has poor lumbar flexion, difficulty moving from sitting to standing position and is unable to walk or stand for longer than 30 minutes. The psychological testing revealed mild depression and anxiety with sleep disturbance. The injured worker is not taking any medications. There was previous therapy sessions noted in the records. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 12/11/14 reveals interval posterior decompression with left posterolateral stabilization. There are multilevel degenerative changes including disc bulging, facet arthropathy, and

ligamentum flavum, which result in variable levels of spinal encroachment. The physician noted that the injured worker appears to be a good candidate for participation in a Functional Restoration Program. The physician requested treatment included one Functional Restoration Program.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 Functional Restoration Program: Overturned**

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

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

**Decision rationale:** The MTUS notes that Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see chronic pain programs), were originally developed by [REDACTED]. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. 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 when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck, shoulder pain, as opposed to low back pain, and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. 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; (4) The patient is not a candidate

where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case it does appear that all conservative measures and surgical options have been exhausted. He has a spinal cord stimulator implant which typically is a last resort for chronic pain when no further surgical options are available. The injured worker does show motivation to improve and is able to work 10 hours per week. He does have significant loss of ability to function independently resulting from the chronic pain and does appear to be a good candidate for the 2-week trial of a Functional Restoration Program, as requested by the treating physician.