

<b>Case Number:</b>	CM15-0236789		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	07/19/2014
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 33 year old male, who sustained an industrial injury on 7-19-2014. The injured worker was diagnosed as having lumbar radiculopathy, lumbago, and chronic pain syndrome. Treatment to date has included diagnostics, physical therapy, acupuncture, psychotherapy, functional restoration program (initial trial completed-64 authorized hours), and medications. On 10-30-2015 (after completion of second week functional restoration program), the injured worker complains of low back and left lower extremity pain, rated 5 out of 10. Current medications included Cyclobenzaprine, Omeprazole, Tylenol ES, Norco, Lexapro, and Lidocaine 5% patch. He reported that medications were effective to decrease his pain and allow participation in the active rehabilitation part of the program. Psychological testing noted Pain Disability Questionnaire score was 108. Beck Depression Inventory score was 27 (decreased from 30), and Insomnia Index score was 20. Musculoskeletal exam noted cervical range of motion unchanged, lumbar range of motion with increase in flexion from 40 to 50 and extension from 10 to 15. Upper and lower extremity range of motion and strength was unchanged (inconsistent with PR2 exam dated 10-27-2015). His work status was total temporary disability. The treatment plan included additional hours of functional restoration program X 96, non-certified by Utilization Review on 11-13-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Additional hours of functional restoration program X 96: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The patient presents on 10/30/15 with lower back pain rated 5/10 and left lower extremity pain. The patient's date of injury is 07/19/14. The request is for Additional hours of functional restoration program X96. The RFA is dated 10/30/15. Physical examination dated 10/30/15 reveals a pain disability questionnaire score of 108/150, beck depression inventory score of 27, and insomnia severity index total of 20/28. The patient is currently prescribed Flexeril, Omeprazole, Tylenol, Norco, Lexapro, and Lidocaine patches. Patient's current work status is not provided. The MTUS Guidelines, Functional Restoration Programs section, page 49 has the following regarding the criteria for the attendance of an FRP: (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. The guidelines further state "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." In regard to 96 hours of functional restoration program attendance, the request is appropriate. The documentation provided indicates that this patient has completed an initial two-week trial totaling 64 hours of FRP attendance. The progress note associated with this request, dated 10/30/15, addresses the following criteria as required by MTUS: 1.) Provides an adequate a thorough evaluation of both this patient's medical and psychiatric treatments to date. 2.) Notes that previous methods of controlling pain are inadequate. 3.) Notes significant loss of ability to function independently secondary to loss of an eye. 4.) This patient is not a candidate for surgery. 5.) Indicates that this patient is willing to attend such a program to improve his coping with chronic pain and disability. 6.) Addresses negative predictors of success, such as this patient's ongoing depression, difficulty performing particular tasks, and current medication profile. Utilization review non-certified this request on grounds that the patient has not demonstrated any functional improvements during the initial two week trial. However, the requesting provider includes multiple examples of functional and exercise improvements, reduced medication use despite increased pain during exercise, and appropriate attendance of all classes and patient education seminars. MTUS guidelines indicate up to 20 full day (8 hour) attendance for a total allowance of 160 hours. Given the 64 hours of attendance already completed with improvements noted, the additional 96 hours (for a total of 160 hours of attendance) falls within guideline recommendations and could produce significant benefits for this patient. Therefore, the request is medically necessary.