

<b>Case Number:</b>	CM14-0127637		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39 year old male who sustained an industrial injury on 3/14/2012, he developed low back pain from extra lifting. The patient underwent an AME Re-evaluation on 5/27/2014, and was diagnosed with lumbar strain. He has reached MMI. According to a 7/24/2014 FRP initial evaluation, the patient presents with chronic low back pain. He smokes daily. He wants to return to work as a custodian at [REDACTED], but is currently unemployed. Physical examination documents tenderness to palpation, guarding, decreased lumbar ROM, negative SLR, non-antalgic gait and ambulates without assistance. Diagnosis is chronic lumbar strain. He is off work due to permanent work restrictions per the AME. He has high motivation to return to work. He is not on any pain medications. The physician anticipates successful return to work if given opportunity to improve through aggressive therapy. According to the 7/24/2014 FRP psych evaluation, the patient's depression score is in the average for pain patients, and somatization score is close to average for a pain patient. His score suggests he has ability to actively participate in a plan for pain relief without major interference from excessive somatic thought. His anxiety score is also not unusual for a pain patient. DSM-IV diagnoses: Axis I - Depressive disorder NOS; Anxiety disorder NOS; Pain disorder associated with a general medical condition and psychological factors; Axis II - deferred; Axis III - see medical diagnosis; Axis IV - Psychosocial problems - loss of job, hobbies, financial difficulties and increased social isolation; Axis V: GAF = 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **Functional Restoration Program 160 hours of ██████████ at \$225/hour:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-31. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic pain programs (functional restoration programs).

**Decision rationale:** According to the California MTUS, Functional restoration (chronic pain 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. 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. The medical records do not establish this patient is a candidate for functional restoration program in that it is not substantiated that he has significant loss of function and exhibits three or more of the circumstances as outlined in the OGD, and all of the criteria of the California MTUS guidelines as referenced above. It is not established that previous methods of treating chronic pain have been unsuccessful and that there lack of other options likely to result in significant improvement. Based on the information provided in the medical records, the patient would appear to a good candidate for aggressive physical therapy program or work hardening. It is also noted that he is a qualified injured working, and so has options for re-education/vocational rehabilitation to facilitate return to gainful employment. The medical necessity of this request has not been established. The request is not medically necessary.