

<b>Case Number:</b>	CM14-0096662		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/03/2000
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Texas and Oklahoma. 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 injured worker is a 63-year-old female who reported an injury on 04/03/2000 due to heavy lifting. On 05/14/2014, the injured worker presented with chronic low back pain. Previous treatments included 2 spinal fusions, physhter, epidural steroid injections, massage, chiropractic care, and acupuncture and pain medications. The diagnoses were chronic low back pain, status post lumbosacral fusion, chronic pain syndrome, opioid dependence and depression and anxiety. Upon examination, the injured worker had a slight forward bend and leans laterally to the right approximately 10 to 15 degrees. There was a small leg difference; with the left leg being longer approximately by 1 cm but the lateral inclination of the trunk may be more related to spinal surgery. There were 20 degrees of right lateral flexion and 5 degrees of left lateral flexion. The provider recommended a functional restoration program x20 days plus 6 months follow-up. The provider's rationale was to cure or relieve the effects of the initial injury. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program x20 days plus 6 months follow ups:** Upheld

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

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

**Decision rationale:** The request for a functional restoration program x20 days, plus 6 months followups, is not medically necessary. The California MTUS Guidelines recommend chronic pain programs or functional restoration program when there is access to programs with proven successful outcomes for injured workers with a condition that puts them at risk for delay of recovery. Injured workers should be motivated to improve and return to work and meet the injured worker selection criteria outlined. A complete and thorough evaluation including baseline functional testing should be performed so that followup with the same test can be noted for functional improvement, previous methods of treating chronic pain has been unsuccessful and there is absence of other likely options to significantly improve function, the injured worker has a significant loss of ability to function independently, the injured worker is not a candidate where surgery or other treatments would be clearly warranted, the injured worker exhibits motivation to change and negative predictors of success have been addressed. Optimum duration should not generally exceed 20 full day sessions and a clear rationale for a specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. On the documentation provided, the injured worker meets the criteria to participate in a functional restoration program x20 days. However, the provider's request for additional 6 months followups would exceed the guideline recommendations. As such, medical necessity has not been established.