

<b>Case Number:</b>	CM13-0071930		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/07/1998
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 45-year-old male who reported an injury on 12/07/1998. The mechanism of injury was lifting. He is diagnosed with lumbar radiculopathy. His past treatments were noted to include physical therapy, chiropractic treatment, medications, and epidural steroid injection. On 08/16/2013, the injured worker underwent a multidisciplinary pain medicine and behavioral health evaluation. His symptoms were noted to include low back and left lower extremity pain with ongoing bilateral foot numbness and tingling. He rated his pain 6/10. His medications were noted to include tramadol, tizanidine, and hydrocodone. He was noted to have significant losses of functional capacity in regard to self-care/personal hygiene, physical activity, communication, and sleeping. He was also shown to have a score of 86% on the Oswestry disability questionnaire, which is indicative of patients who are bed bound or exaggerating their symptoms. Physical examination also revealed marked to severe restriction in lumbar range of motion and significant deficits on the overall functional capacity assessment, which addressed standing, sitting, lifting, carrying, climbing, etc. Testing also revealed weakness in the bilateral lower extremities. Psychological testing was also performed and revealed evidence of a depressed mood with a score on the Beck Depression Inventory indicative of moderate depression. He also had evidence of anxiety and stress with a score on the Beck Anxiety Inventory indicative of moderate anxiety and a perceived stress scale score of 27, suggesting elevated levels of stress. At the conclusion of his multidisciplinary evaluation, it was noted that the injured worker would be an excellent candidate for participation in a Functional Restoration Program, as he demonstrated high potential for full independent functional recovery,

independence with self-management of chronic pain symptoms, and decreased utilization of medical resources. An 11/18/2013 followup note indicated that the request for a Functional Restoration Program had been denied. To address this denial, the treating provider indicated that the injured worker had continued to have significant decrease in functionality with decreased home activities and decreased ability to walk, sit, and stand for greater than 10 minutes at a time. He also was noted to have significant gait disturbance and interest in returning to work and decreasing his opioid medications. It was noted that a request would again be submitted for Functional Restoration Program for 2 weeks for a total of 50 hours of contact time, as the patient had significant interest in going back to work and decreasing his opioid medications. He had failed antineuropathic medications, opioid medications, greater than 24 physical therapy sessions, and chiropractic treatment. He also had continued limitations in functional ability and symptoms of depression and sleep deprivation.

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

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

**Functional Restoration Program Two (2) Weeks Fifty (50) Hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** According to the California MTUS Guidelines, the criteria for participation in a Functional Restoration Program include that an adequate and thorough evaluation has been made, including baseline functional testing so follow up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient exhibits motivation to change; and negative predictors of success above have been addressed. The request was previously non-certified on 12/16/2013, as the submitted documentation did not include an adequate and thorough evaluation with baseline functional testing and addressed all of the criteria for Functional Restoration Program. The clinical information submitted for this review did show that the injured worker had undergone an adequate multidisciplinary evaluation with functional and psychological baseline testing. He was shown to have significant functional deficits, failure of initially recommended conservative treatments, and lack of other options for treatment likely to result in significant improvement, and motivation to change. However, the guidelines also stress that negative predictors of success should be addressed. The clinical information submitted for review did not adequately address the duration of pre-referral disability time, as it had been more than 15 years since the time of his initial injury. In the absence of documentation addressing the likelihood of success in the program despite the extended length of time since the injury, the criteria have not been met, as this negative predictor of success has not been addressed. Therefore, the request is not medically necessary.