

<b>Case Number:</b>	CM14-0211069		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/08/2007
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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 & Rehabn

### 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 60 year old male with an injury date of 01/08/07. Based on the 09/18/14 progress report provided by treating physician, the patient complains of neck and back pain. Patient is status post laminectomy at level L4-L5 in March 2014, and cervical fusion at level C3-C6 in 2007. Physical examination to the back and neck on 09/18/14 revealed well-healed surgical scars. Patient ambulates with a limp and straight point cane. Motor strength and deep tendon reflexes normal. Positive straight leg raise test bilaterally. Despite surgeries, intervention, injection, and therapy treatment, patient still has great deal of pain and discomfort. Per treater report dated 12/15/14, patient's medications include Norco, Tiazac, Colace, Hydrodiuril, Neurontin, Prilosec, and Oxycodone. Per progress report dated 09/18/14, treater is requesting functional restoration program evaluation "hoping that biopsychological approach will give the patient better control and management and to cut down his opiod narcotic pain medications. Over 90% of patients that attend FRP at Oasis Pain and Wellness Center successful cut down the pain medications by 40% or 50% or more... so we are hoping the patient will able to attend FRP and can start tapering down and keep the pain medication at the minimal level." Patient is permanently disabled, per treater report dated 12/15/14. Diagnosis 09/18/14- lumbosacral sprain/strain injury- cervical disc injury- history of cervical fusion at level C3, C4, C5, and C6, surgery in 2007- lumbosacral disc injury with history of laminectomy at level L4-L5 in March 2014- failed back and neck pain syndrome- lumbosacral radiculopathy The utilization review determination being challenged is dated 11/24/14. Treatment reports were provided from 06/04/13 - 12/15/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

**Decision rationale:** The patient present's with neck and back pain, and is status post laminectomy at level L4-L5 in March 2014, and cervical fusion at level C3-C6 in 2007. The request is for functional restoration program (FRP), evaluation. The patient's diagnosis included failed back and neck syndrome. Per treating physician report dated 12/15/14, the patient's medications include Norco, Tiazac, Colace, Hydrodiuril, Neurontin, Prilosec, and Oxycodone. The patient is permanently disabled. MTUS Guidelines pages 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; and (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition." MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated 09/18/14, treating physician is requesting functional restoration program evaluation "hoping that bio-psychological approach will give the patient better control and management as well as to cut down his opioid narcotic pain medications. Over 90% of patients that attend FRP at Oasis Pain and Wellness Center successful cut down the pain medications by 40% or 50% or more... so we are hoping the patient will able to attend FRP and can start tapering down and keep the pain medication at the minimal level." Evaluation for FRP appears reasonable as the MTUS supports functional restoration program to address chronic pain and disability. Therefore, the request for FRP Evaluation is medically necessary.