

<b>Case Number:</b>	CM15-0111777		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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:

This 50 year old man sustained an industrial injury on 11-5-2013 after moving heavy steel while trying to replace part of a roof. Evaluations include an undated pre-operative lumbar spine MRI. Diagnoses include low back pain and post-laminectomy syndrome. Treatment has included oral medications and surgical intervention. Physician notes dated 3-9-2015 show complaints of low back pain. The worker rates his pain range between 5 and 9 out of 10 with an average of 6 out of 10. Recommendations include Norco, physical therapy, TENS unit therapy, functional restoration program, and follow up in three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents on 03/09/15 with lower back pain rated 5-9/10 with associated spasms and weakness in the right lower extremity. The patient's date of injury is 11/05/13. Patient is status post lumbar laminectomy and partial microdiscectomy at L4-5 level at a date unspecified. The request is for Functional restoration program. The RFA is dated 05/04/15. Physical examination dated 03/09/15 reveals tenderness to palpation of the lumbar spine from L1 to the sacrum, with spasms bilaterally at L4-5 level and positive facet loading noted. The patient is currently prescribed Norco, and unspecified anti-depressant and blood pressure medications. Patient is currently advised to return to work with modified duties. 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 that "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)... Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." In regard to 162 hours of functional restoration program attendance, the requesting provider has exceeded guideline recommendations. The documentation provided indicates that this patient has already undergone a comprehensive evaluation with a functional restoration program which addresses the criteria set forth by MTUS: 1.) Provides an adequate a thorough evaluation of both this patient's medical treatments to date. 2.) Notes that previous methods of controlling pain are inadequate 3.) Notes significant loss of ability function at work or in activities of daily life. 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, noting that this patient does not display and "red flag" predictors. MTUS guidelines indicate up to 20 full day (8 hour) attendance for a total allowance of 160 hours. Per RFA dated 05/04/15, the requesting provider specifies 6 hours a day Monday through Thursday, and 3 hours on Friday; for a weekly total of 27 hours per week for 6 weeks (162 hours total). However, MTUS indicates that treatment is not recommended for longer than two weeks at initiation, and allows for extension of the program if there is demonstrated efficacy and functional improvements. Were the request for two weeks of attendance with the option for additional therapy with demonstrated improvement, the recommendation would be for approval. The current request for 162 hours without first establishing efficacy during a two-week trial period is excessive and cannot be substantiated. Therefore, the request is not medically necessary.