

<b>Case Number:</b>	CM15-0113440		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 30 year old male, who sustained an industrial injury on 8/25/11. He has reported initial complaints of low back injury at work with immediate pain. The diagnoses have included lumbar disc displacement without myelopathy, sciatica, sacrum disorders, major depressive disorders and anxiety. Treatment to date has included medications, physical therapy 52 sessions, chiropractic, bracing, Transcutaneous electrical nerve stimulation (TENS), activity modifications, trigger point injections, epidural steroid injection (ESI), surgery, home exercise program (HEP) and Functional Restoration Program evaluation. Currently, as per the physician supplemental report progress note dated 5/11/15, the injured worker complains of continued low back pain and bilateral leg pain. The pain worsens with activity and improves with rest, medications, stretching and heat. It is noted that he had lumbar spine surgery on 5/6/14 with excellent benefit but the pain returned after a few months. The physician noted that he believes that the injured worker is a good candidate for multidisciplinary program and he had an initial evaluation done on 6/12/13 and could only attend 1 session and was not able to complete the entire program secondary to the pain at the time and could not even drive at the time. The physician progress note dated 4/10/15 the injured worker reports night sweats, numbness and depression. The objective findings reveal that sensation is decreased in the left dermatomes, straight leg raise is positive on the left and spasm and guarding is noted in the lumbar spine. The current medications included Gabapentin, Docusate, and Hydrocodone/Acetaminophen. The previous therapy sessions were not noted. There was previous Functional Restoration Program

documentation noted. The physician requested treatment included [REDACTED]  
Functional Restoration program 80 hours.

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

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

**[REDACTED] Functional Restoration program 80 hours: Upheld**

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

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

**Decision rationale:** According to the guidelines, 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. In this case, the claimant was evaluated for an FRP in 2013 and had started 1 sessions and could not complete it. The claimant is currently able to perform daily activities. His pain was 4-6/10 on Hydrocodone. Based on the information provided and no recent FRP evaluation, the request for 80 hrs of FRP is not justified, does not meet the guidelines and is not medically necessary.