

<b>Case Number:</b>	CM15-0170767		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/21/2004
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 68 year old female who sustained an industrial injury on 5-21-04. She had complaints of bilateral knee pain bilateral carpal tunnel and back pain. Treatments include: medication, physical therapy and orthotics. Progress report dated 7-23-15 reports continued complaints of bilateral knee and back pain. She can barely walk due to the pain. Diagnoses include: lumbar radiculitis and radiculopathy, lumbar degenerative disc disease, medial epicondylitis, low back pain and lumbar spine fusion. She started the functional restorative program with good results. She is able to use the cane less. Plan of care includes: highly recommended to remain engaged in the functional restorative program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program for 10 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Chronic Pain Programs.

**Decision rationale:** With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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" (there are many of these outlined by the MTUS). Review of the submitted documentation indicates that the current request is for an additional 10 days treatment with Functional Restoration Program. Per the citation above, the guidelines support up to 20 full-day sessions for multidisciplinary pain management programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. I respectfully disagree with the UR physician's denial based upon a lack of this evidence. Per progress note dated 7/23/15, which may have been unavailable to the UR physician, progress from the first four days of FRP was noted. Per this note the injured worker stated "overall, she is feeling well mid happy to be in the program. She initially reported that she had the most difficulty with slouching, carrying weights, and squatting due to knee and low back pain and fear of pain flares from over-activity. She was able to integrate the skill of pacing into her functional tasks this week and was able to verbally report that as a result of pacing she was able to improve her ability to perform functional tasks with less overall pain." Per the progress note "From a medical standpoint Ms Farrell is transitioning and starting off the program this week. She has been participating and has been very motivated the past few days. She has been very happy with the results she has noted in just a few days. She has stopped using a cane all the time new. She was fearful and has started to realize that she can increase activity without the fear of re-injury." As there is documentation of subjective and objective gains, the request is medically necessary.