

<b>Case Number:</b>	CM15-0172666		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/02/2007
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: North Carolina

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 53-year-old male, with a reported date of injury of 06-02-2007. The mechanism of injury was a result of lifting heavy metal plates weighing over 70-80 pounds. In the process, he injured his mid and low back. The diagnoses include lumbosacral disc injury, L5-S1 grade 2 lumbosacral spondylolisthesis with pars defect, status post lumbosacral fusion (12-02-2009), and lumbosacral foraminal syndrome. Treatments and evaluation to date have included a functional restoration program evaluation on 07-15-2015, lumbosacral fusion on 12-02-2009, Gabapentin, Norco, and home exercises. The diagnostic studies to date have included a urine drug screen on 04-16-2015. The medical report dated 07-15-2015 indicates that the injured worker presented for an initial functional restoration program evaluation. He complained of mid low back pain, with radiation to his left leg associated with numbness and tingling sensation. The injured worker reported some weakness involving his left leg. The treating physician stated that according to the injured worker, "EMG and nerve conduction study showed positive lumbosacral radiculopathy." The objective findings (04-16-2015 to 07-15-2015) included lumbosacral tenderness to palpation with painful range of motion; positive straight leg raise test bilaterally, worse on the left compared to the right; equal deep tendon reflexes and motor strength in the bilateral lower extremities. The treating physician noted that the injured worker was found to be a good candidate for functional restoration program. It was noted that the injured worker "has already tried numerous treatments including therapy, injection, electro-acupuncture treatment as well as surgery but unfortunately they all failed..." It was noted that the injured worker had a limited ability to function and that there was no secondary gain issue. The treating physician requested functional restoration program for the lumbar spine for two weeks.

On 08-07-2015, Utilization Review (UR) non-certified the request for functional restoration program for the lumbar spine for two weeks.

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

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

#### **Functional Restoration Program for the Lumbar # 2 weeks: 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): Functional restoration programs (FRPs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on functional restoration programs states: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by [REDACTED] and [REDACTED]. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information, see Chronic pain programs. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. The request meets guideline criteria and thus is medically necessary.