

<b>Case Number:</b>	CM15-0174036		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for a functional restoration program. The claims administrator referenced an August 11, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant reported ongoing complaints of low back, knee, ankle, and leg pain. The applicant was asked to continue usage of TENS unit, gabapentin, Cymbalta, Remeron, and Naprosyn. The applicant was apparently ambulating without the aid of a cane, it was reported. The applicant had received lumbar sympathetic blocks on June 17, 2015, it was reported. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On July 11, 2015, a medical-legal evaluator opined that a functional restoration program (FRP) could prove beneficial here. On June 16, 2015, the attending provider suggested that the applicant continue both Cymbalta and Remeron. On June 9, 2015, the applicant's psychiatrist reported that the applicant could not return to usual and customary work and should remain on "TTD." The applicant was using a cane to move about, it was reported on this date.

### 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Knee and Leg.

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

**Decision rationale:** No, the proposed functional restoration program is not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the primary criteria for pursuit of a functional restoration program or chronic pain program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, the attending provider did not outline why he believed that conventional outpatient office visits, psychotropic medications, adjuvant medications, recently performed lumbar sympathetic block on June 17, 2015, etc., could not be employed to ameliorate the applicant's issues with chronic pain and/or depression. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another primary criteria for pursuit of chronic pain program and functional restoration program is evidence that an applicant is willing to forego secondary gains, including disability payments, in an effort to effect such change. Here, however, the applicant was placed off of work, on total temporary disability, on an office visit of June 9, 2015. It did not appear that the applicant had any intention of giving up disability and/or indemnity benefits in an effort to try and improve. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that total treatment duration via a functional restoration program should not generally exceed 20 full day sessions. Here, the treatment duration was not furnished. The request for an open-ended functional restoration program, thus, was at odds with page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.