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| <b>Case Number:</b>   | CM15-0179482 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 09/03/2011 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 09/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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, Hawaii  
 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:

The injured worker is a(n) 52 year old male, who sustained an industrial injury on 9-3-11. The injured worker was diagnosed as having low back pain, sacroiliac radiculopathy, status post L4-L5 discectomy and lumbar disc disorder. The physical exam (3-11-15 through 8-6-15) revealed 4-6 out of 10 pain, lumbar flexion limited to 50 degrees, extension 20 degrees and a positive Faber's test. Treatment to date has included physical therapy, acupuncture and chiropractic treatments with "no lasting" benefit, 16 sessions of a functional restoration program as of 8-18-15, Lenzapatch, Terocin patch, Cymbalta and Advil. As of the PR2 dated 8-14-15, the injured worker reports chronic low back pain. He rates his pain 4 out of 10 and has increased his walking tolerance from 15 minutes to 1 hour. Objective findings include no limitation of lumbar range of motion, trigger points noted on both sides of the lumbar spine and a negative straight leg raise test. The treating physician requested a functional restoration program-16 partial days. On 8-31-15 the treating physician requested a Utilization Review for a functional restoration program-16 partial days. The Utilization Review dated 9-2-15, non-certified the request for a functional restoration program-16 partial days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program - 16 partial days: Upheld**

**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 medical records indicate the patient has chronic low back pain and left leg pain. The current request for consideration is a functional restoration program - 16 partial days. The attending physician report dated 8/14/15; page (125b) recommends continuation of FRP, stating that the patient is showing improvement in pain and function. The CA MTUS does not recommend FRP, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. 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. 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. 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the weekly progress reports from his functional restoration program demonstrate little improvement. His pain level remains 4/10. His lifting capacities remain the same or below. While he has shown some improvement in subjective tolerances for walking and sitting, he has shown limited improvement in standing and driving tolerances. The available medical records do not demonstrate significant improvements in pain and objective gains. As such, the request of continuation of the functional restoration program - 16 partial days is not medically necessary.