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| <b>Case Number:</b>   | CM15-0068202 |                              |            |
| <b>Date Assigned:</b> | 04/15/2015   | <b>Date of Injury:</b>       | 09/10/2013 |
| <b>Decision Date:</b> | 05/15/2015   | <b>UR Denial Date:</b>       | 04/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2015 |

### 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, 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:

This 41 year old male sustained an industrial injury on 9/10/13. He subsequently reported low back pain. Diagnoses include low back pain and sciatica. Treatments to date have included x-rays, MRIs, therapy and prescription pain medications. The injured worker continues to experience low back pain. A request for One additional week (thirty hours) of a functional restoration program was made by the treating physician. Per the doctor's note dated 3/13/15 patient had complaints of low back pain. The medication list include Percocet, gabapentin and soma. The patient had received 150 hours of a functional restoration program and was certified for additional 30 hours of a functional restoration program for this injury. The patient has had MRI of the lumbar spine that revealed disc bulge with, degenerative changes. The patient's surgical history include ulnar nerve release in 2005. Patient has received an unspecified number of PT visits for this injury. The patient had received ESIs for this injury

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One additional week (thirty hours) of a functional restoration program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** Request: One additional week (thirty hours) of a functional restoration program. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "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." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-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; (6) Negative predictors of success above have been addressed." The patient had received 150 hours of a functional restoration program and was certified for additional 30 hours of a functional restoration program for this injury. There was no evidence of significant ongoing progressive functional improvement from the previous functional restoration program sessions/ chronic pain program sessions, that is documented in the records provided. The detailed notes chronic pain program/ functional restoration program sessions documenting significant progressive functional improvement were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A response to a complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. In addition, per ODG, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain." He has had a sleep and mood disorder. The medical necessity of the request for One additional week (thirty hours) of a functional restoration program is not fully established for this patient. Therefore, the request for One additional week (thirty hours) of a functional restoration program is not medically necessary.