

<b>Case Number:</b>	CM15-0071805		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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

Certification(s)/Specialty: Internal 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:

The injured worker is a 44 year old male who sustained an industrial injury on 10/23/2012. The injured worker was diagnosed with lumbar spine degenerative disc disease with radicular pain, retrolisthesis and depression. Treatments to date include physical therapy, acupuncture therapy, lumbar epidural steroid injections (ESI), surgical consultations, psychiatric care and medications. According to the primary treating physician's progress report on March 19, 2015, the injured worker continues to experience low back pain with positive straight leg raise, tenderness to palpation over the right lumbar spine paraspinal muscles and decreased range of motion. The injured worker has severe depressive symptoms and under the care of a psychiatrist. Current medications are listed as Celebrex, Norco, Hydroxyzine, Bupropion and Quetiapine. Treatment plan consists of continue with psychiatric counseling and medication regimen and the current request for a functional restoration program 5 days a week for 2 weeks total of 10 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program 5 days a week for 2 weeks total of 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30-34. Functional restoration programs (FRPs) Page 49. Biopsychosocial model of chronic pain Page 25.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. 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; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (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 have been addressed. Access to programs with proven successful outcomes is required. 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) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. The agreed medical evaluator report dated 1/19/15 documented that the orthopedic spine report dated 5/14/14 documented lumbar spondylosis, foraminal stenosis, and right sciatica. Surgery was recommended. The patient was hospitalized November 2013 because of attempted suicide. The agreed medical evaluator report dated 1/19/15 documented the opinion that the patient needs to be emotionally and psychologically stabilized. The psychological agreed medical examination report dated 1/15/15 documented the diagnosis of major depressive disorder, and that the patient is not psychiatrically permanent and stationary. The psychological agreed medical examination report dated 1/15/15 documented that the patient is more focused on back surgery. The patient is contemplating major interventions such as surgery. Per MTUS, FRP functional restoration program may be considered medically necessary when all of the following criteria are met: The patient is not a candidate where surgery or other treatments would clearly be warranted. There is an absence of other options likely to result in significant clinical improvement. MTUS requires that the patient is not a candidate for surgery. The medical records document that spine surgery is a consideration. The psychological agreed medical examination report dated 1/15/15 documented that the patient is more focused on back surgery. The patient is contemplating major interventions such as surgery. Therefore, the patient does not satisfy the MTUS criteria for a functional restoration program. Therefore, the request for functional restoration program is not medically necessary.