

<b>Case Number:</b>	CM15-0078192		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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:

The applicant is a represented 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 6, 2006. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve a request for a functional restoration program evaluation. The claims administrator referenced a March 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated November 10, 2014, the applicant reported ongoing complaints of low back pain, 9/10 exacerbated by activities of daily living as basic as lifting, stooping, and bending. The applicant was not working, it was acknowledged. The applicant has had extensive physical therapy, epidural steroid injection therapy, and cognitive behavioral therapy for derivative complaints of depression, it was acknowledged. The applicant was using Norco, Soma, Prilosec, Desyrel, Zestril, and Cymbalta, it was further reported. In an April 3, 2015 psychiatric note, the applicant was given refills of Desyrel, Cymbalta, and Xanax. The applicant was still on Norco, it was acknowledged. Permanent mental health limitations were imposed. There was no mention of the functional restoration program evaluation on this date. Urine drug testing dated September 27, 2014 was notable for the presence of alcohol-related metabolites. On March 11, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 8.5/10. The applicant was using Norco 4 to 5 tablets daily. Xanax and omeprazole were also being employed. Epidural steroid therapy and a functional restoration program evaluation were endorsed, while Norco, Soma, Xanax, and Prilosec were renewed and/or continued.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain Page(s): 6.

**Decision rationale:** No, the request for a functional restoration program evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, here, however, there was no mention of the applicant's willingness to make the effort to try and improve on multiple office visits, referenced above. Rather, all evidence on file pointed to the applicant's seeming intention to maximize disability and/or indemnity benefits. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that longer the applicant has been out of work and/or the longer an applicant has suffered from chronic pain, the less likely it is that treatments including, a functional restoration program, will be effective and/or beneficial. Here, the applicant had seemingly been off of work for approximately nine years as of the date of the request. It did not appear, thus, that the applicant was an appropriate candidate for the functional restoration program (FRP) evaluation in question. Therefore, the request was not medically necessary.