

<b>Case Number:</b>	CM15-0080619		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	08/03/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: 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:

The injured worker is a 41 year old female who sustained a work related injury August 3, 2014. Past history included bilateral L5-S1 lumbar epidural steroid injection January 23, 2015 and status post rotator cuff repair October, 2013. Past treatments included medication, chiropractic therapy, and physical therapy. According to a treating physician's progress report, dated March 12, 2015, the injured worker presented with chronic low back pain. He documented; "she has completed 20 sessions of physical therapy and continues in a self-directed home exercise. She is at a point where she can increase her lifting, pulling, and pushing capacity to 45 pounds". Objective findings included; lumbar spine stands erect with normal lordosis; tenderness to palpation over the lumbar facet at L4-5 and L5-S1, no identifiable trigger points; myofascial tension; demonstrates full range of motion in flexion, extension, and lateral bending; 5 out of 5 strength in the bilateral lower extremities and no loss of sensation to light touch; deep tendon reflexes are equal and intact at the bilateral patellae. Impression is documented as lumbar radiculitis; lumbar degenerative disc disease; myofascial pain. On April 7, 2015, the injured worker underwent an initial evaluation and multidisciplinary conference for a Functional Restoration Program. The report in the medical record included only the first two pages of six. At issue, is the request for authorization for a Functional Restoration Program times 80 hours. An MRI of the lumbar spine dated October 6, 2014 (report present in the medical record) impression; dextroscoliosis with degenerative disc disease and facet arthropathy and retrolisthesis L4-5 and L5-S1. Neural foraminal narrowing includes L4-5 mild right; L5-S1 mild

to moderate left, mild right neural foraminal narrowing. According to utilization review dated April 20, 2015, the request for a Functional Restoration Program x 80 hours is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional Restoration Program times 80 hours: 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): Chronic pain programs (functional restoration programs).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of functional restoration programs. Within these guidelines, they provide the criteria for the general use of multidisciplinary pain management programs. (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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (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 above have been addressed. In this case, there is insufficient documentation that baseline functional testing has been completed. Further, it is unclear whether the patient has had an adequate trial of conservative therapy. There is insufficient evidence that the patient has a significant loss of ability to function independently. Finally, there is insufficient documentation that negative predictors of success have been assessed. For these reasons, a functional restoration program for 80 hours is not medically necessary.