

<b>Case Number:</b>	CM15-0091772		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: 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 34 year old male, who sustained an industrial injury on 11/22/2011. Diagnoses include status post L4-5 disc herniation, microdiscectomy at L4-5 and lumbar fusion L4-S1, chronic left S1 radiculopathy, left sacroiliac joint arthralgia, and strain left hip and left knee. Treatment to date has included medications including Gabapentin, Norflex, Nortriptyline, MS Contin, Percocet and Soma, facet blocks, facet joint injections, epidural steroid injections, corticosteroid injections and surgical intervention (L4-S1 anterior interbody lumbar fusion 2/12/2014). Magnetic resonance imaging (MRI) (2012) was read by the evaluating provider as demonstrating a laminotomy at L4-5 but still with mild posterior displacement of the proximal L5 nerve root, which was unchanged. Repeat MRI dated 2/06/2014 revealed a left paracentral disc protrusion L4-5 and displacement of the proximal L5 nerve root and a somewhat transitional L5 vertebral body. Per the Agreed Medical Evaluation dated 3/19/2015, the injured worker reported low back pain that is present constantly. He gets shooting pain in the left buttock and persistent numbness along the dorsum and sole of the left foot. He also reported occasional aching-like pain in the left hip and left knee and radiation of pain and spasm into the distal thoracic spine. Physical examination revealed an antalgic gait. There was spasm and guarding at the base of the lumbar spine. Maneuvers to put stress on the sacroiliac joint are positive on the left hand side. Authorization was requested for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs) Page(s): 31-32, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

**Decision rationale:** The patient was injured on 11/22/11 and presents with low back pain, irritation going down his bilateral lower extremities, and numbness/tingling going down his left leg. The request is for a FUNCTIONAL RESTORATION PROGRAM to "help the patient move through his current episodes of pain and become more and more productive, and hopefully get back to some type of employment." The RFA is dated 04/15/15 and the patient is to remain off of work until 05/19/15. MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient is diagnosed with status post L4-5 disc herniation, microdiscectomy at L4-5 and lumbar fusion L4-S1, chronic left S1 radiculopathy, left sacroiliac joint arthralgia, and strain left hip and left knee. Treatment to date has included medications including Gabapentin, Norflex, Nortriptyline, MS Contin, Percocet and Soma, facet blocks, facet joint injections, epidural steroid injections, corticosteroid injections and surgical intervention (L4-S1 anterior interbody lumbar fusion 2/12/2014). The 04/15/15 report states that the treater would like a FRP to "help the patient move through his current episodes of pain and become more and more productive, and hopefully get back to some type of employment." There is no documentation of any prior FRP the patient may have had. In this case, there is no thorough evaluation regarding the patient's candidacy for FRP. The negative predictors are not addressed as required by MTUS. The patient's secondary gain issues, motivation to change and improve, and any potential for surgical needs are not addressed. The requested Functional Restoration Program IS NOT medically necessary.