

<b>Case Number:</b>	CM15-0093829		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: 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 38 year old female, who sustained an industrial injury on 4/29/11. She reported initial complaints of back, left hip and right leg. The injured worker was diagnosed as having lumbar postlaminectomy syndrome. Treatment to date has included status post left L5-S1 hemilaminectomy (1/30/12); status post failed trial for spinal cord stimulator (2/21/14); left transforaminal epidural steroid injection L4/L5 (9/2012); caudal epidural steroid injection (11/21/14); medications. Diagnostics included EMG/NCV lower extremities (6/21/12); MRI lumbar spine (8/10/12 and 1/21/13). Currently, the PR-2 notes dated 12/3/14 indicated the injured worker was seen on this date for a Functional Capacity Evaluation. Pain was particularly highlighted for left lower extremity and lumbosacral vicinity. She reports pain with all activities. She has a well healed surgical incision due to a status post left L5-S1 hemilaminectomy (1/30/12); status post failed trial for spinal cord stimulator (2/21/14). Due to continued pain and complexities related to prescribed medication failed trials, she has had left transforaminal epidural steroid injection L4/L5 (9/2012); caudal epidural steroid injection (11/21/14). The caudal epidural steroid injection on 11/21/14 gave only 20-30% reduction in pain but an ability to walk about 10 minutes daily, sleep better and reduce Norco by 30%. A Psychiatric Qualified Medical Examination recommended the injured worker for a Functional Rehabilitation Program. The provider has requested a Functional Rehabilitation Program (unspecified duration/frequency).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Rehabilitation Program (unspecified duration/frequency): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Opioids Page(s): 30-34, 74-96.

**Decision rationale:** Per the MTUS guidelines, 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 (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. The medical records do not establish that the injured worker has exhausted conservative measures to address her chronic pain. The injured worker is noted to be on high opioid levels and the medical records do not establish that detoxification cannot be provided without a formal functional restoration program. The guidelines note that pain can be improved with the weaning of opioids. In addition, the injured worker can be taught pain coping mechanisms and home exercises to improve range of motion and strength without the need of a formal functional restoration program. The medical records also do not establish that the injured worker has exhausted non-opioid analgesic adjuvants to address the chronic pain. The request for Functional Rehabilitation Program (unspecified duration/frequency) is therefore not medically necessary and appropriate.