

<b>Case Number:</b>	CM13-0010641		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 42-year-old female with a date of injury of 08/18/2008. Patient has diagnoses of lumbar and cervical radiculopathy, left greater trochanteric bursitis, cervical stenosis, post laminectomy syndrome. Patient is status post cervical fusion surgery (2011). UR dated 07/15/2013 denied the request for a functional restoration program, stating patient has not exhausted all other interventional treatments. According to the report dated 06/20/2013, by [REDACTED] patient presented with whole body pain which she rated 9/10. Physical exam showed intact surgical site, decreased range of motion of the cervical spine and decreased right sensation in C5, C6, C7 and C8 dermatomes. Current medications list MS contin, Tizanidine, Senna-S, Gabapentin and Cymbalta. Request is for functional restoration program at [REDACTED] to help decrease patient medication usage. [REDACTED] also requests an ESI (epidural steroid injection) and a trial of a TENS (transcutaneous electrical nerve stimulation) unit for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A functional restoration program at Stanford:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** The Physician Reviewer's decision rationale: Patient has diagnoses of lumbar and cervical radiculopathy, left greater trochanteric bursitis, cervical stenosis, post laminectomy syndrome. Patient has a long history of symptoms from her 2008 injury and further worsening after her failed cervical fusion in 2011. The Chronic Pain Medical Treatment Guidelines recommends functional restoration programs and indicate they 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; (5) the patient exhibits motivation to change (6) Negative predictors of success have been addressed. These negative predictors include evaluations for poor relationship with employer, poor work satisfaction, negative outlook in future, etc. The reports do not describe that the patient has been evaluated for these issues. In addition, the treater is currently requesting additional treatments such as ESI (epidural steroid injection) and a trial of TENS (transcutaneous electrical nerve stimulation) unit. It does not appear that the patient has exhausted all conservation treatments. Taking into consideration the results of the epidural steroid injection and TENS unit would be forthcoming in determining whether patient would benefit from a functional restoration evaluation. Finally, the treater's request does not include an outline or patient requirements for candidacy of the Functional Restoration Program requested, thus one cannot determine whether the program meets the Chronic Pain Medical Treatment Guidelines, such as a 2 week evaluation of progress to determine whether an extension/completion of treatment is warranted. The request for a functional restoration program at Stanford is not medically necessary.