

<b>Case Number:</b>	CM13-0013535		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 & Rehabilitation and Pain Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 mechanism of injury was stated to be that the patient was involved in a fatal head on collision on 09/16/2010. The patient was noted to have psychological counseling and be referred to a psychiatrist for medication management for depression. The patient has been noted to be treated with physical therapy and trigger point injections. The patient's medication was noted to be Cymbalta 20 mg. The patient's diagnoses were noted to include lumbar spine disc protrusions and moderate facet arthrosis, cervical spine bilateral neural foraminal stenosis along with spondylosis and disc protrusions, bilateral acetabular tears, and a left knee with patellar subluxation. The request was made 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:

**A functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

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

**Decision rationale:** Chronic pain programs (functional restoration programs): are recommended where there is access to programs with proven successful outcomes, for patients with conditions

that put them at risk of delayed recovery. (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. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions. Clinical documentation submitted for review address most of the above criteria, however, it failed to indicate that the patient had baseline functional testing and failed to provide the timeline that was being requested. Given the above, the request for a functional restoration program is not medically necessary.