

<b>Case Number:</b>	CM13-0013599		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic pain syndrome, psychogenic pain, low back pain, ankle pain, and neuritis in multiple body parts reportedly associated with an industrial injury of October 27, 2009. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; a [REDACTED]; and attorney representation. In an utilization review report of August 2, 2013, the claims administrator denied a request for a functional restoration program, citing the lack of completed utilization review call and a previous utilization review report. It was further noted that the utilization reviewer predicated its denial on the applicant's preexisting psychological comorbidities. The applicant's attorney subsequently appealed. In a July 29, 2013 letter, the attending provider wrote that the applicant is not a surgical candidate. It is stated that the applicant has fibromyalgia and complex regional pain syndrome. It is stated that the applicant has exhausted all lower levels of care. The applicant is presently on BuTrans, Synthroid, Zoloft, Neurontin, Bentyl, and blood pressure lowering medications. Tenderness and allodynia is appreciated about the right lower extremity. It is stated that the applicant is not a candidate for further surgical remedy and that she is intent on attending a functional restoration program. The applicant would like to return to work, it is stated. A two-week trial of said functional restoration program is sought. It is stated that the applicant has tried and failed psychotherapy, cognitive behavioral therapy, sympathetic blocks, and various other interventional and non-interventional procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

