

<b>Case Number:</b>	CM13-0027461		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/10/1995
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 patient is a 55-year-old female with a date of injury of June 10, 1995. She is chronic neck and left shoulder pain. She underwent an ACDF in 1998 at C4-5 and C5-6. She was treated with acupuncture, pool therapy, and physical therapy. She has been taking OxyContin, Norco, diazepam, trazodone, and the lidocaine patch. She has also had prolotherapy. Patient has had issues with anxiety and depression and has been undergoing treatment. Patient also has a sleep disorder as well as migraine headaches and stress. The patient has been previously evaluated by a multidisciplinary pain management program; however the patient did not complete the program. The PTP is requesting an MRI of the cervical spine to address any possible further issues the patient may have. It appears the patient has a new symptom of dizziness and nausea after turning her head.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation (at [REDACTED]):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional restoration program Page(s): 30.

**Decision rationale:** MTUS chronic pain guidelines discuss multidisciplinary programs on page 30. These programs meant for patients that are at risk for delayed recovery. There are for patients who are motivated to improve image in the work and meet specific criteria. This criterion is intended to provide the best outcome for the program, enroll patients that are most likely to benefit from such a program, and for cost-effectiveness. In order to be candidate for such programs, there must be an evaluation of baseline function, unsuccessful previous treatments of chronic pain, loss of ability to function independently, the patient not a candidate for surgery or other treatment options, the patient has motivation to change, and there are no negative predictors of success. In this case, the patient has functional limitations, however, there's a potential for further treatment being warranted as the patient is to undergo an MRI of her cervical spine and has new symptoms. Also regarding negative predictors of success, the patient has high levels of psychosocial distress such as depression and anxiety. In addition, the patient and significant length of disability time as her date of injury was 1995. Currently, this patient does not meet criteria for such a program. The patient has previously tried such a program and failed in the past as well. Therefore, until this criterion has been met, she is not a candidate for this functional restoration program.