

<b>Case Number:</b>	CM13-0028210		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/04/2013
<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 Pain Management and Rehabilitation has a subspecialty in 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 injured worker is a 58 year old female who has a date of injury of March 18, 2009. The patient's diagnoses include chronic low back pain, lumbar degenerative anterolisthesis of L5 on S1, and neck pain. The patient sustained an industrial injury in the context of hurt work as a certified nursing assistant while assisting a patient. The worker had a slip and fall. Diagnostic workup has included MRI of the cervical and lumbar spine, which showed spondylosis and facet degenerative changes. Nerve conduction studies documented carpal tunnel syndrome. The patient has tried physical therapy, TENS unit, multiple pain medications, and acupuncture. The disputed issue is a two-week trial of a functional restoration program which was denied in utilization review. In appeal letter is authored by the requesting healthcare provider and this letter is dated September 18, 2013. The requesting healthcare provider contends that functional deficits were reviewed with the utilization reviewer, but the reviewer still documented "there is no significant functional deficit noted in the physical examination findings provided for review." The functional impairments include difficulty with self-care, cleaning of her legs or feet, putting on her own wrong, inability to cook or clean. A second reason for denial was noted to be a lack of documentation from a surgical treating physician to indicate that the patient is not a candidate for surgery. The requesting healthcare provider asserts that this injured worker is not a surgical candidate and has been seen in consultation with multiple competent physiatrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Week trial of Compass Functional Restoration:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 31-33.

**Decision rationale:** In the case of this injured worker, there has been a thorough evaluation of the patient for a functional restoration program from a psychosocial, functional and physical standpoint. There has been documentation of this injured workers stress assessment, sleep dysfunction, fear avoidance of normal activity, functional deficits which includes several difficulties in activities of daily living, and current abilities in terms of physical tasks such as walking, pushing, pulling, lifting, climbing. The patient has tried physical therapy, TENS unit, multiple pain medications, and acupuncture and still remains with many functional deficits. The requesting healthcare provider has documented that the patient is not a suitable candidate for surgical intervention. Negative predictors of success are addressed in the functional program evaluation. Given these factors, it is reasonable to trial a two week period of the program and this request is recommended for certification.