

<b>Case Number:</b>	CM13-0029082		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 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 underlying date of injury in this case is 12/13/2010. The treating diagnoses include lumbar disc displacement, psychogenic pain, chronic pain, shoulder pain, therapeutic drug monitoring, postsurgical status, and lumbosacral disc degeneration. The initial mechanism of injury is that the patient was lowering a 24-foot aluminum plank and the plank got hung up and it hit the patient, causing a strain to his lower back and right shoulder and arm. This patient is status post right shoulder arthroscopy as well as conservative and invasive pain management regarding the low back. The prior physician review modified the request for radiofrequency ablation bilaterally at L3, L4, and L5. That review also noted that the medical records did not indicate the medical necessity of a functional restoration program evaluation. A subsequent treating physician note of 09/20/2013 notes that the patient had constant back pain and intermittent shoulder pain. The patient's chief complaint was shoulder pain mostly on the right. That treating physician noted that an epidural injection had significantly reduced the patient's leg pain and that overall the patient was able to do some light housework and work in the yard better. He felt that Norco reduced his pain down to 5-7/10 and he had no side effects. Overall, the treating physician noted that the patient had axial low back pain consistent with a radiculopathy and that epidural steroid injections had been approved. The provider also opined that the patient was a candidate for a multidisciplinary functional restoration program and indicated a plan to appeal this independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation at the Northern California Functional Restoration Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 32.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on functional restoration programs, page 32, include detailed criteria for a functional restoration program including, "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." The medical records outline a request for invasive pain management simultaneous with the request for a functional restoration program evaluation. The medical records therefore do not document that other treatment options have been exhausted. A functional restoration program evaluation therefore appears to be premature, although it may be appropriate after all treatment options have been exhausted. Therefore, at this time the medical records and guidelines do not support this request for a functional restoration program evaluation. This request is not medically necessary.