

<b>Case Number:</b>	CM13-0030313		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 low back pain, myalgias, and myositis associated with an industrial injury that took place on October 15, 2010. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of physical therapy, transfer of care to and from various providers in various specialties, a medial branch block, and return to part-time work. A November 6, 2013 progress note states that the applicant mainly suffers from low back pain that ranges from 7-9/10. He is reliant on medications. He uses 100 Vicodin a month, but sometimes runs out early. The applicant is able to drive himself to and from appointments. He has a stable vertebral compression fracture, and is significantly obese with a BMI of 43. An August 14, 2013 note states that the applicant should continue medications, including Vicodin and Lunesta. The applicant is asked to try six behavioral medicine treatments, and to pursue an MRI of the right foot. A November 14, 2012 note states that the applicant should pursue psychotherapy and psychotropic medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated in the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, multiple other treatments have been sought and/or are being sought concurrently, including a medial branch block, physical therapy, psychological counseling, etc. It does not appear that other lower levels of care have been exhausted and that there is an absence of other options which could result in clinical improvement. The applicant has also returned to part-time modified work, which suggests that he can be rehabilitated through less means of care. Therefore, the proposed functional restoration program evaluation is not certified.