

<b>Case Number:</b>	CM13-0032221		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	09/25/2007
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Internal Medicine, and Pulmonary Diseases, has a subspecialty in 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 43-year-old with a reported date of injury on September 25, 2007. The patient presented with a complaint of back and neck pain, limited cervical range of motion, limited lumbar range of motion, and constant pain radiating to both of the lower extremities and across the shoulders. The patient had 5/5 strength in the lower extremities, deep tendon reflexes were 2+ in the upper and lower extremities, and the patient had a negative straight leg raise. The patient has a diagnoses including cervical DDD C4-5 and C5-6 with stenosis status post TDR at C5-6, lumbar DDD status post TDR at L5-S1, and myofascial pain. The physician's treatment plan included a request for Functional Restoration Rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration rehabilitation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, Functional Restoration Programs Page(s): 30-32.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines note outpatient pain rehabilitation programs may be considered medically necessary when all of the

following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Within the provided documentation, the requesting physician did not include an adequate and thorough evaluation, including baseline functional testing so that follow-up with the same test could be used to assess functional improvement. It was unclear if there was a significant loss of ability to function independently resulting from chronic pain. Clinical documentation did not indicate if the patient exhibited motivation to change, and was willing to forego secondary gains, including disability payments to affect the change. Negative predictors of success were not addressed. Additionally, the requesting physician's rationale for the request was unclear within the provided documentation. The request for functional restoration rehabilitation is not medically necessary and appropriate.