

<b>Case Number:</b>	CM13-0038673		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/28/2009
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	08/30/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 expert 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 40 year old woman who sustained a work related injury on October 28 2009. Subsequently, she developed chronic bilateral knees and ankles pain as well as neck pain. The patient was treated with physical therapy, Vicodin, Cyclobenzaprine and Gralise. Her physical examination performed on July 2, 2013 demonstrated normal neurologic examination. The provider requested authorization for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM/DETOX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Functional Restoration.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

**Decision rationale:** There is no documentation that the patient has a functional deficit that requires a functional restoration program. She is taking reasonable dose of opioids and a detox program is not indicated. The patient condition could be managed without a functional restoration program. Therefore, the prescription of functional restoration program/detox program is not medically necessary.

