

<b>Case Number:</b>	CM13-0040069		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Oklahoma and Texas. 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 33-year-old female who reported an injury on 03/27/2012. The patient is currently diagnosed with a sprain/strain of the lumbar region. The patient was seen by [REDACTED] on 12/02/2013. Physical examination revealed no acute distress, 50 degrees of forward flexion, 10 degrees of extension, and tenderness to palpation and trigger points upon palpation in the upper trapezius, mid trapezius, and lumbar region on the left, as well as mild weakness. Treatment recommendations included the continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Interdisciplinary evaluation for a functional restoration program: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 30-32, 48, 100-101.

**Decision rationale:** The California MTUS Guidelines state that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. As per the

clinical notes submitted, the patient has previously been treated with acupuncture and physical therapy. The patient continued to report high levels of pain and continued to depend on narcotic medication and muscle relaxants. It was noted on 09/23/2013 by [REDACTED] that the patient had not responded well to previous methods of treatment and continued to report difficulty sleeping, decreased activities of daily living, decreased energy, decreased tolerance, increased pain, poor concentration, and impaired mobility. The patient is currently not a surgical candidate. The patient does demonstrate motivation to improve and compliance with treatment goals outlined in a functional restoration program. There is no evidence of negative predictors of success. Goals for treatment are to increase awareness of personal strength to control pain and medication use. The patient has been previously authorized to undergo a psychiatric consultation for clearance into a functional restoration program. Based on the clinical information received, the patient does currently meet the criteria for a functional restoration program. However, the patient has already been authorized to undergo a psychiatric consultation prior to admission into a functional restoration program. Therefore, the current request for an additional interdisciplinary evaluation has not been established. As such, the request is non-certified.

**1 functional capacity evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Restoration Programs

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that a number of functional assessment tools are available, including Functional Capacity Exams and videotapes. The Official Disability Guidelines state that one should consider a Functional Capacity Evaluation if there have been prior unsuccessful return to work attempts; there is conflicting medical report on precautions and/or fitness for modified job; or injuries that require detailed exploration of a worker's abilities. The patient should be close or at Maximum Medical Improvement. As per the clinical notes submitted, the patient does currently meet the criteria for a functional restoration program. Therefore, there is no evidence that this patient is close to Maximum Medical Improvement. There is also no evidence of a prior unsuccessful return to work attempt. As such, the request is non-certified.