

<b>Case Number:</b>	CM13-0044121		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Orthopedic Surgery, and is licensed to practice in 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 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 injured worker is a 64 year old male whose date of injury is 04/07/2010. The mechanism of injury is described as cumulative trauma. He is status post decompression laminectomy at L1-2, hemilaminectomy at T10-11, hardware removal L2-L5, extension of fusion T10-S1 on 06/29/10. He is also status post left hip replacement in December 2011. A note dated 06/12/13 indicates that he complains of low back pain and mid-upper back pain. Assessment is lumbosacral radiculopathy, vertebral compression fracture, lumbar and thoracic post laminectomy syndrome. Note dated 09/17/13 indicates that the injured worker complains of deepening depression. He reports some suicidal ideation without intent. He was recommended for participation in a day treatment program should his condition not improve. A progress report dated 10/07/13 indicates that the injured worker's diagnoses are major depressive disorder and pain disorder associated with both psychological factors and a general medical condition. Functional restoration program evaluation dated 11/26/13 indicates that he denied current suicidal ideation. Beck Depression Inventory is 48 and Beck Anxiety Inventory is 52. Psychiatric agreed medical evaluation dated 11/29/13 indicates that the injured worker was recommended to receive psychological counseling. The injured worker was authorized to undergo a functional restoration program, but had to withdraw due to illness in the family. A note dated 05/22/14 indicates that medications include Oxycodone, Norco, insulin, metformin, Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DAY TREATMENT PROGRAM X 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32.

**Decision rationale:** The submitted records indicate that the injured worker was previously authorized for participation in a functional restoration program; however, after starting the program he had to withdraw secondary to illness. The MTUS Chronic Pain Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. As such, the request is not medically necessary and appropriate.