

<b>Case Number:</b>	CM13-0045299		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 pain syndrome, psychogenic pain syndrome, bipolar disorder, major depressive disorder, polyneuropathy, and complex regional pain syndrome reportedly associated with an industrial injury of October 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; unspecified amounts of psychological counseling; and at least 36 sessions of a functional restoration program between August and October 2013. In a Utilization Review Report of October 25, 2013, the claims administrator partially certified a request for four additional sessions of functional restoration as one additional session of functional restoration. In an appeal letter dated October 30, 2013, the applicant's psychologist stated that it was difficult to conceptualize the quantitative elements of improvement with certain applicants. The treating provider stated that provision of additional functional restoration would reduce or minimize the likelihood of the applicant's relapsing. The treating provider stated that she felt that the applicant's psychological issues could benefit from further functional restoration. In a progress note of October 21, 2013, the functional restoration program team noted that the applicant was still using Neurontin, tramadol, tizanidine, and Flexeril. The applicant was still smoking and drinking, albeit in reduced amounts. It was stated that the applicant had improved sitting tolerance, standing tolerance, walking tolerance, and psychological function. It was stated that the applicant was volunteering and had a goal of returning to work as a horse competition judge.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE FUNCTIONAL RESTORATION PROGRAM SESSION PER WEEK FOR FOUR WEEKS:** 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 noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, the total treatment duration for functional restoration programs should generally not exceed 20 full-day sessions without a clear, compelling rationale for the specified extension and reasonable goals to be achieved. In this case, however, the attending provider has not furnished a compelling rationale as to why additional treatment is needed, particularly when the employee has already had earlier treatment (32-33 sessions), seemingly in excess of MTUS parameters. It is unclear why the employee cannot continue rehabilitation through conventional outpatient office visits, in the context of successful return to work, outpatient psychological counseling, etc. Therefore, the request is not certified.