

<b>Case Number:</b>	CM13-0051266		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 & Rehabilitation 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 reported an injury on 06/20/2003. The mechanism of injury was not specifically stated. The patient is diagnosed with rule out cervical disc protrusion/annular tear as well as chronic pain syndrome. The patient was seen by [REDACTED] on 10/31/2013. The patient reported chronic pain involving the neck, right upper extremity, and lower back. Physical examination revealed increased cervical range of motion, spasm with myofascial tightness, bilateral upper trapezius tenderness, full range of motion of the elbow, full range of motion of the right wrist, decreased lumbar range of motion, and paraspinal muscle tenderness with positive facet loading maneuver and straight leg raising. Treatment recommendations included authorization for a multidisciplinary pain program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program 5 days per week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the patient has previously participated in physical therapy and acupuncture treatment, where she did report improvement in symptoms. There is no documentation of a failure to respond to previous methods of treating chronic pain with an absence of other options likely to result in significant clinical improvement. There is also no documentation of a significant loss of the ability to function independently. Additionally, California MTUS Guidelines state total treatment duration should not exceed 20 full day sessions. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.