

<b>Case Number:</b>	CM13-0052741		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/11/1999
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, knee pain, knee arthritis, and carpal tunnel syndrome reportedly associated with an industrial injury of August 11, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier total knee arthroplasty; earlier lumbar spine surgery; earlier carpal tunnel release surgery; unspecified amounts of physical therapy, acupuncture, and manipulative therapy; and reported return to work on a thrice daily basis. On November 13, 2013, the claims administrator denied a request for multidisciplinary evaluation with a psychologist and physical therapist as a precursor to enrolment in a functional restoration program. The applicant's attorney subsequently appealed. An October 1, 2013 progress note was notable for comments that the applicant presented with chronic low back pain, bilateral lower extremity paresthesias, chronic pain syndrome, and deconditioning. It was stated that the applicant was working three days a week. The attending provider stated that functional restoration program included a physician evaluation, management of the applicant's chronic pain with adjuvant medications and treatments, physical therapy, and psychology input to obtain coping strategies for chronic pain and adjustment to chronic pain. The attending provider wrote in one section of his report that the applicant would be a good candidate for attending a modified program at a rate of twice weekly so as to avoid disrupting the applicant's workplace. The applicant was using Duragesic and Norco. The applicant did have 6-9/10 pain. The applicant also had a history of depression, it was stated. The applicant was somewhat frustrated with authorization issues and reiterated that she had been working on a part-time basis for the past seven years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MULTIDISCIPLINARY EVALUATION WITH PSYCHOLOGIST AND PHYSICAL THERAPY FOR A FUNCTIONAL RESTORATION PROGRAM:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

**Decision rationale:** As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is prepared to make the effort, an evaluation for admission for treatment in the multidisciplinary treatment program should be considered. In this case, the attending provider has posited that previous means of treating chronic pain, including physical therapy, acupuncture, manipulative therapy, opioid analgesic, etc., have not been entirely successful. The applicant is having some issues with coping strategies and does have some psychological component to her symptoms, it has further been established. The applicant, however, is motivated to improve as evinced by her already-successful return to work, admittedly on part-time basis. The attending provider has indicated that the applicant would only be considered for a modified program at a rate of twice weekly so as to avoid disrupting her participation in work force. For all of the stated reasons, then, the applicant appears to be a motivated individual who is prepared to make the effort to try and improve further. An evaluation for admission into a functional restoration program should therefore be considered, as suggested on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.