

<b>Case Number:</b>	CM13-0057266		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Internal Medicine and Pulmonary Diseases, 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 is a 49-year-old female who reported an injury on 03/07/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with solid cervical arthrodesis, narcotic dependency, and chronic pain syndrome. The patient was seen by [REDACTED] on 11/06/2013. The patient reported ongoing neck and shoulder pain. Physical examination revealed well-healed incisions, good strength in the bilateral upper extremities, negative sensory deficits, and limited range of motion with tightness. Treatment recommendations included a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one (1) multidisciplinary evaluation with [REDACTED] that includes medical evaluation by Pain Management physician, chronic pain psychological evaluation, and Physical Therapy Functional Assessment between 11/13/2013 and 12/30/2013: 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 MTUS Guidelines indicate that 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. An adequate and thorough evaluation should be made. According to the documentation submitted, the employee's physical examination on the requesting date only revealed limited range of motion and tightness. There is no documentation of a significant loss of the ability to function independently. There is also no indication of an absence of other options that are likely to result in significant clinical improvement or an exhaustion of conservative treatment. Based on the clinical information received, the employee does not currently meet criteria for the requested program. As such, the request is non-certified.