

<b>Case Number:</b>	CM13-0057322		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	11/14/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/11/10 when, while working as an instructional aide she restrained a student and 10 minutes later had aching in her low back. She then developed shoulder and neck pain. She was evaluated for participation in a chronic pain program on 08/22/13. She was having neck and low back pain with shoulder and knee pain rated at 6/10. Her history of injury was reviewed. She was continuing to receive chiropractic treatments. Prior treatments referenced are physical therapy, acupuncture, medications, injections, and use of a transcutaneous electrical nerve stimulation (TENS) unit. Medications were Butrans, Celexa, Omeprazole, and Ibuprofen. The assessment references a 40 pound weight gain and symptoms of depression and stress. She was considered an appropriate candidate for participation in the program. There is reference to an excellent rehabilitation potential. Authorization for treatment was requested. She was seen by the requesting provider on 09/17/13. She had increased lower extremity swelling and had discontinued Butrans without improvement. She had restarted Norco 10/325 mg 1-2 times per day. She was using an electrical stimulation unit for her neck and back. Medications included Robaxin being taken one time per day. Physical examination findings included morbid obesity. There was cervical and trapezius muscle tenderness with trigger points. She had sacroiliac joint tenderness. Norco 10/325 mg, Lidoderm, and Voltaren gel were prescribed. Recommendations include a gym membership with access to a pool.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program for 4 days/week (5hr treatment day) for a total of 32 sessions (160 hours):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32, 49.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic pain. Treatments have included chiropractic care, physical therapy, acupuncture, medications, injections, and use of a TENS unit. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, there is no return to work plan. The requested number of sessions and duration of the program is in excess of recommended guidelines and therefore not medically necessary.