

<b>Case Number:</b>	CM13-0060184		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Ohio. 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 injured worker is a 60-year-old female who reported injury on 04/05/2013. The mechanism of injury was a motor vehicle accident. The documentation of 10/16/2013 indicated the injured worker had prior treatments of medications, physical therapy, and a TENS unit. The diagnoses included neck pain and low back pain. It was indicated the injured worker had improved to a point with physical therapy and did not want to try invasive treatments or medications as she was working full time. The request was for a chronic pain management program, a TENS unit, and physical therapy. The original date for the request of a chronic pain management program could not be established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHRONIC PAIN MANGEMENT PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAM, FUNCTIONAL RESTORATION PROGRAM Page(s): 30-3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAM, FUNCTIONAL RESTORATION PROGRAM Page(s): 30-32.

**Decision rationale:** California MTUS Guidelines indicate that a functional restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The

criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success have been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to meet the above criteria. The submitted request failed to indicate the duration for the treatment with the chronic pain management program. Given the above, the request for Chronic Pain Management Program is not medically necessary.