

<b>Case Number:</b>	CM14-0004724		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/19/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 and chronic pain syndrome reportedly associated with an industrial injury of June 19, 2011. The applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; two prior shoulder surgeries; two prior knee surgeries; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated December 26, 2013, the claims administrator denied a request for an initial evaluation at [REDACTED] Functional Restoration Program. The claims administrator denied the request on the grounds that it was not evident that methods of treating the applicant's back pain had proven unsuccessful. Somewhat incongruously, the claims administrator stated that the applicant had returned to modified duty work and, in another section of the Utilization Review Report, stated that the applicant was not motivated to return to gainful employment. The applicant's attorney subsequently appealed. In July 30, 2013 office visit, the applicant was described as permanent and stationary with a rather proscriptive 20-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. On December 27, 2013, the applicant was described as having been involved in a non-industrial motor vehicle accident. The applicant stated that he had persistent complaints of shoulder, neck, and back. The applicant was apparently in the process of moving elsewhere. The attending provider stated that the claims administrator should furnish the rationale for the denial of the functional restoration program. The applicant was described as using Flexeril, Neurontin, Actos, albuterol, calcium, Singulair, metformin, Januvia, Claritin, and Lipitor, it is stated. On December 3, 2013, the attending provider stated that both he and the applicant's attorney were pursuing authorization for a previously denied functional restoration program. On November 5, 2013, the attending provider acknowledged that the applicant was using a cane to move about and was not

working. The applicant stated that, with further rehabilitation and/or reductions in pain, that he would attempt return to some form of work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **INITIAL EVALUATION AT [REDACTED] FUNCTIONAL RESTORATION PROGRAM: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

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

**Decision rationale:** As noted on page 6 of the Chronic Pain Medical Treatment Guidelines, if an applicant is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. In this case, the attending provider has posited that the applicant is prepared to make the effort to try and improve and return to some form of work. Therefore, the proposed initial evaluation at [REDACTED] Functional Restoration Program should therefore be considered. Accordingly, the request is medically necessary.