

<b>Case Number:</b>	CM14-0025745		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Internal 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 patient is an injured worker with cervical spine and lumbar spine conditions. The date of injury was 10-03-2011. Utilization review dated 02-20-2014 recommended non-certification of the request for Functional Restoration Program. The utilization review 02-20-2014 provided a case summary: The patient is a 53-year-old female who was reportedly injured on 10/3/11. She states she twisted while cleaning, and did not fall, but had low back, and neck pain. The patient has used physical therapy as well as the functional conditioning program. The functional conditioning program has been used for 6 weeks. The physical examination as of 2/3/14 showed a normal gait pattern. There is tenderness to the posterior aspect of the cervical spine. Extension causes pain. The physical examination did not show any change in the sensory, motor, or deep tendon reflexes. No pathological reflexes are present. No clonus is noted. The lumbar spine also shows posterior tenderness. Motion increases the pain. The physical examination did not show any change in the sensory, motor, or deep tendon reflexes. The electromyogram (electromyogram)/nerve conduction studies (NCS) of the upper extremities showed bilateral carpal tunnel syndrome. The EMG/NCS of the lower extremities were normal. An MRI of the lumbar spine from 3/1/13 showed multiple bulges along with mild degeneration. The MRI of the cervical spine from the same day showed straightening of the spine with herniation or severe stenosis. The MRI of the right shoulder showed osteoarthritis of the acromioclavicular joint. The MRI of the right knee showed osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE FUNCTIONAL RESTORATION VISITS FOR THE CERVICAL AND LUMBAR SPINE TWO VISITS PER WEEK FOR SIX WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs, Page 30-32.

**Decision rationale:** The medical records do not document access to functional restoration programs with proven successful outcomes. The medical records do not demonstrate an absence of other options likely to result in significant clinical improvement. On 12-16-2013, patient was referred to a pain management physician to discuss the option of epidural steroid injection. The medical records do not document that the patient is willing to forgo secondary gains, including disability payments. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, were not available. Per California MTUS guidelines, all criteria must be met in order for functional restoration programs to be considered medically necessary. Per California MTUS guidelines, the medical records do not support the medical necessity of functional restoration programs. Therefore, the request for twelve functional restoration visits for the cervical and lumbar spine two visits per week for six weeks is not medically necessary.