

<b>Case Number:</b>	CM14-0034160		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 31 year old male whose date of injury is 05/20/2011. The injured worker was lifting a piece of wood when he fell off a roof and landed on his back. Treatment to date includes at least 20 sessions of physical therapy, chiropractic treatment, injection therapy and medication management. Magnetic resonance image of the lumbar spine dated 06/05/13 revealed a 2.2 mm left paracentral disc protrusion at L4-5 and a 2.4 mm left paracentral disc protrusion at L5-S1. Evaluation dated 01/29/14 indicates that the injured worker was not taking any medications. He does not exercise on a regular basis. The injured worker continues to complain of depression and anxiety. Beck Depression Inventory is 14 and Beck Anxiety Inventory is 8. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, and depressive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 10 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program (functional restoration program) Page(s): 30-32.

**Decision rationale:** Based on the clinical information provided, the request for functional restoration program 10 days is not recommended as medically necessary. The most recent evaluation submitted for review is from February. The injured worker's date of injury is over 3 years old. California Medical Treatment Utilization Schedule guidelines generally do not recommend functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The submitted records indicate that the injured worker is not currently taking any psychotropic or opioid medications.