

<b>Case Number:</b>	CM14-0068093		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/11/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 63-year-old male who reported an injury on 02/11/2000. The mechanism of injury was noted to be lifting a heavy box of clothing. The injured worker's diagnoses was noted to be status post C5-6 and C6-7 cervical fusion with pseudarthrosis; spondylolisthesis; autofusion of C3-4; cervical stenosis with radiculopathy and spinal cord compression; and lumbar degenerative disc disease with a slight spondylolisthesis at L4-5. The injured worker's prior treatments were noted to be physical therapy, psychotherapy, and injections. The injured worker was noted to have diagnostic studies including x-rays, a CT scan, and an MRI. His surgical history was noted to be 2 shoulder surgeries, cervical fusion, right knee surgery, and left foot surgery. In a clinical evaluation dated 04/15/2014, the injured worker had complaints of upper back, middle back, and lower back pain. The physical examination revealed tenderness in the cervical, thoracic, and lumbar spine. There was moderate pain with motion. The injured worker's medications were noted to be Lidoderm, methocarbamol, Percocet, Protonix, Xanax, Venlafaxine, and temazepam. The treatment plan was for a functional restoration program, a trial of gabapentin, and lumbar spine surgery. The provider's rationale for the request was provided within the documentation submitted for review. A Request for Authorization for medical treatment was submitted and dated 04/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for functional restoration program evaluation is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend functional restoration programs where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria. Based upon the documentation submitted for review, it is noted the injured worker is a surgical candidate. The guidelines state if the patient is not a candidate for surgery or other treatments would be clearly warranted then they would meet the criteria for a functional restoration program. Additional criteria include documentation that previous methods of treatment for chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement. The guideline's criteria continue with the worker exhibiting motivation to change. The guidelines criteria are not documented within the clinical evaluation or treatment plan. Due to the injured worker not meeting the criteria provided by the guidelines for a functional restoration program; the request for functional restoration program evaluation is not medically necessary.