

<b>Case Number:</b>	CM14-0072293		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 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:

This patient is a 43 y/o female who has developed a chronic pain syndrome after an injury dated 7/24/11. She has been diagnosed with a cervical radiculopathy, bilateral shoulder pain, right elbow medical epicondylitis, lumbar pain, and bilateral patella femoral syndrome. She has also been diagnosed with major depression with psychotic features. Treatment has consisted of acupuncture, right shoulder surgery, oral analgesics, and cognitive therapy. She is treated with neuroleptics and oral analgesics. She has returned to work. A request for a functional restoration (chronic pain program) was requested. The requested program is 5 days a week for 5 hours from 2 weeks to 2 months. No other details were provided i.e. success with work patients.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine Functional Restoration Program Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30.

**Decision rationale:** MTUS Chronic Pain Guidelines are very specific that the only Functional Restoration Programs with proven success be considered. The request for this program provides

no data that demonstrates outcomes with Workers' Compensation patients. In addition, in the request for the program there is no acknowledgement that the patient has returned to work. Under these circumstances the Functional Restoration Program is not medically necessary.