

<b>Case Number:</b>	CM14-0073070		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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, has a subspecialty in Pain Management 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 case involves an injured worker who sustained an injury on 08/14/2012. A utilization review determination dated 5/9/14, recommends non-certification of a functional restoration program. Based on a 5/2/14 medical report, which is noted to be from the first week of treatment, the injured worker is noted to be more social, more active, and learning new pain management tools. Some improvement in activity tolerance and frequency of lifting and carrying activities was noted, but tolerance for sitting and standing was the same as before the program. Medication use has not decreased. Fear of movement was higher, activity daily living scale went from moderate to severe level of disability, pain was increased, pain inventory score worsened, PHQ-9 score worsened, and anxiety increased from mild to severe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, 2 weeks; 10 days, 60 hours (weeks 3 & 4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49 of 127.

**Decision rationale:** The California MTUS notes that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Within the documentation available for review, the most recent notes provided are from the end of the first week of treatment and suggest a worsening in most subjective and objective measures. No clear rationale is provided identifying the medical necessity of continuing the program despite an overall worsening of the patient's condition with initial treatment. In light of the above issues, this request is not medically necessary.