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| <b>Case Number:</b>   | CM14-0090243 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 03/09/2009 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 05/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2014 |

### 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 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 records presented for review indicate that this 58-year-old male was reportedly injured on March 9, 2009. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 6, 2014, indicated that sixteen days of a functional restoration program had been completed. There were ongoing complaints of neck pain and left upper extremity involvement. Tramadol was reduced to once a day. The physical examination was not reported. Diagnostic imaging studies were not reflected in the notes reviewed. Previous treatment included operative intervention, postoperative rehabilitation, functional restoration protocol, and multiple medications. A request was made for ten additional days of a functional restoration program and was not certified in the pre-authorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 10 Additional Days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 107,114.

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

**Decision rationale:** The records reflect that ten days of this protocol were authorized, and 16 days were completed. The gains made in those additional days were not outlined, and there was no significant functional improvement demonstrated with the excessive amount of protocols completed. When noting the parameters for such protocols outlined in the MTUS, there is an endorsement; however, it needs to be objectification of significant functional gains. The medical necessity for an additional ten days would put this far beyond the parameters noted in the MTUS and is not supported secondary to the lack of improvement. Therefore this request is not medically necessary.