

<b>Case Number:</b>	CM13-0018627		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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:

The injured worker was lifting trash to put in a dumpster at work on 5/4/12 when injury occurred. She has since experienced cramps, muscle spasms, numbness and tingling of affected limbs and low back pain. She is also suffering from severe depression. Visits to her primary treating physician from 2/18/14 through 9/22/14 were reviewed and indicate continued symptoms of cramps, spasms, numbness, tingling and back pain. The physical exams note that she appears to be in mild distress, depressed, fatigued, in moderate pain and tearful. Diagnoses noted in her medical records as chronic pain syndrome and lumbar radiculitis. She has been prescribed Venlafaxine 37.5mg, Hydroxazine 25mg, Naproxen 550 and Gabapentin 600mg as well as HEP and using H-wave machine 3 times a day. The injured worker's medical records note she is medically temporarily totally disabled due to mental health. The treatment plan from 3/31/14 visit recommends consult with psychiatrist and request for 8 psychotherapy sessions. The patient benefitted from past functional restoration program and psychological intervention, however she continues to have an inability to cope with pain, emotional and functional decline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 13 part time days of Functional Restoration Program:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Program..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Program.

**Decision rationale:** The UR from 8/26/13 states that previous functional restoration sessions noted significant improvement and claimant continuously demonstrates commitment to further improvement. I concur with this assessment that the program has, according to records reviewed, provided benefit, the patient is motivated and has been compliant with the treatment program. The UR opines that additional functional restoration are reasonable which I concur based on the guidelines and provided records. The UR approves partial certification of an additional 7 part-day sessions recommended. According to the guidelines cited "treatment duration should generally not exceed 20 full day sessions (or the equivalent in part-day sessions if required by part-time work). According to the reviewed medical records, at the point of time when the treatment was requested the patient had completed 27 part (half-time) sessions. Consequently another 13 is appropriate to complete the recommended maximum of 40 half-time sessions. The request is medically necessary.