

<b>Case Number:</b>	CM14-0123326		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/05/2002
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 56 year old patient with date of injury of 04/06/2002. Medical records indicate the patient is undergoing treatment for chronic cervical and lumbar disc disease, chronic pain syndrome, morbid obesity, hx of bilateral carpal tunnel syndrome, opioid dependence, depression and insomnia. Subjective complaints include neck and back pain. Objective findings include alert and well groomed but "a little down in affect". Patient's lumbar and cervical range of motion is limited with flexion, extension and side bending with marked tenderness on palpation of cervical, thoracic and lumbar paraspinals, right buttock and right greater trochanter and negative straight leg raise. Treatment has consisted of psychotherapy, acupuncture, physical therapy, aqua therapy, pain program, Celebrex, Nuvigil, Fentanyl, Oxycodone, Temazepam, Wellbutrin XL, Flexeril, Celebrex, Allopurinol, Metformin, L-thyroxine, Butrans patch. The utilization review determination was rendered on 07/08/2014 recommending non-certification of Evaluation for Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation for functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 29-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Also, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." This patient's date of injury was in 2002, guidelines recommend interdisciplinary programs to potentially prevent a long term disability within 3-6 months post injury. This patient is well beyond the recommended stage for potential recovery. The AME decision that was included recommended this claim be settled as soon as possible with no recommendations for a functional restoration program. As such, the request for Evaluation for Functional Restoration Program is not medically necessary.