

<b>Case Number:</b>	CM14-0187783		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 50-year-old man who sustained a work-related injury on February 5, 2014. Subsequently, the patient developed a chronic back pain and was diagnosed with the lumbar sprain. According to a progress report dated on October 7, 2014, the patient was complaining of ongoing neck and back pain with a severity rated the 6-7/10. The patient physical examination demonstrated normal neurological examination. The provider requested authorization for 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:

**Initial Evaluation at the [REDACTED] Functional Restoration Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 114

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a

specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach : (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. There is no documentation that the patient response to physical therapy is outside the established norms for recovery from the work related neck injury. Furthermore, the provider reported did not document lack of pain and functional improvement that require referral to a Functional Restoration Program. There is no clear evidence that the patient requires functional restoration program. The requesting physician did not provide a documentation supporting the medical necessity for a Functional Restoration Program. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist for Functional Restoration Program. Therefore the request for Initial Evaluation at the [REDACTED] Functional Restoration Program is not medically necessary.