

<b>Case Number:</b>	CM14-0205786		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 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:

This individual is a 53 y/o male who has developed a chronic pain syndrome secondary to prolonged cervical, lumbar and bilateral shoulder pain. The primary treating physician made a request for a functional restoration program. The request was modified in U.R. to approval of a multidisciplinary evaluation for candidacy to a functional restoration program, as there was no objective reporting from a physical therapist or psychologist for as required by Guidelines. MTUS Guidelines were used. There is no information provided showing success rates in this program for the workman' compensation population.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

**Decision rationale:** MTUS Guidelines are quite specific regarding the utilization of chronic pain (functional restoration) programs. There should be baseline evaluations and testing by a physical therapy and psychologist. In addition, there should be entrance only to programs with proven

successful outcomes in this patient population. None of these Guideline standards have been met at this point in time. There is no documentation of the required evaluation and there is no evidence that this program has proven successful outcomes in the workman's' compensation population. Under these circumstances the Functional Restoration Program is not medically necessary.