

<b>Case Number:</b>	CM14-0207270		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Psychiatrist (MD) and is licensed to practice in Illinois. 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 58 year old female who was injured in December of 2009 and who continues to endure chronic pain. She has been troubled by chronic low back discomfort which was noted to be 8/10 on 8/14 of last year. In addition she suffers from chronic shoulder and neck pain. There is no indication of any psychiatric history or diagnoses. The provider is requesting coverage for a "20 day individualized and integrated functional restoration program using a biopsychosocial approach on an outpatient basis." The previous reviewer denied coverage due to lack of medical necessity. This is an independent review of the previous decision to deny coverage for the above mentioned 20 day program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 20 day individualized & integrated functional restoration program using biopsychosocial approach on an outpatient basis .: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-34.

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

**Decision rationale:** The State of California MTUS states that these programs are "recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". The program did not submit outcome data and the writer was unable to find any indication that there were any conditions which put her at risk for delayed recovery. Furthermore, the guidelines indicate that "treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains". Given this information, it appears that the request for a twenty day functional restoration program would be considered as not medically necessary according to the cited evidence based guideline.