

<b>Case Number:</b>	CM14-0216397		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/25/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 female patient who sustained an injury on 25/07/2007. She sustained the injury due to slipping and falling on wet tile. The current diagnoses include post laminectomy syndrome of lumbar region, neurogenic bladder, neurogenic bowel and right thumb pain. Per the doctor's note dated 1/5/2015, she had complaints of pain at 6/10. Detailed physical examination was not specified in the records provided. The medications list includes prevacid, methadone, motrin, cymbalta, metoprolol and loratidine. She has undergone laminectomy at L4-5 and spinal cord stimulator implantation and right De Quervain's release. She has completed 40 sessions of a functional restoration program for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program x 10 part day sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, chronic pain programs (functional restoration 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. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines, "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." Per the cited guidelines, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The patient had already completed functional restoration program (40 sessions) for this injury. There was no documentation provided for review that the patient failed a return to work program with modification. There is no evidence of significant ongoing progressive functional improvement from the previous functional restoration program that is documented in the records provided. Significant functional deficits that would require additional functional restoration program is not specified in the records provided. The medical necessity of functional restoration program x 10 part day sessions is not fully established for this patient. Therefore, this request is not medically necessary.