MAXIMUS Federal Services

| Case Number: | CM15-0135722 | | |
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| Date Assigned: | 07/23/2015 | Date of Injury: | 11/25/2014 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 injured worker is a 34 year old female who sustained an industrial injury on 11/25/14 while a passenger on an ATV the vehicle suddenly stopped causing the injured worker to jerk forward and then backward causing pain in the neck, thoracic spine, cervical spine and lumbar spine. She currently complains of constant back pain with stiffness and paravertebral muscle spasms; neck pain that goes into the mid-thoracic region; low buttock pain that goes into the right lateral foot. Her pain level was 7-8/10. On physical exam there was pain on palpation of the thoracic spinous processes and left and right thoracic paraspinal muscles and lumbar spinous processes and left and right lumbar paraspinal muscles with decreased range of motion; cervical facet loading maneuvers were positive in C4-5 and C5-6 distribution on prone position, decreased range of motion. Her activities of daily living are limited in regards to cooking, cleaning and taking care of her household and her functionality has decreased by 70-80% including sleep (per progress note 6/22/15). She cannot bend, turn her neck to the right and left greater than 50% of normal. She was on restricted duty but when hours of work were increased from four to six she was unable to continue working due to pain. Medication was Morphine. Diagnoses include cervicalgia, lumbar radiculopathy, low back pain, lumbar strain, cervical strain, thoracic strain, upper back pain; myofascial pain syndrome; cervical spondylolysis without myelopathy. Treatments to date include physical therapy, which has exacerbated the pain; medications; acupuncture; chiropractic treatments without benefit (per 6/8/15 note); bilateral L5-S1 interlaminar epidural steroid injection (5/29/15). Diagnostics include cervical MRI (6/5/15) showing posterior disc bulge, disc protrusion. In the progress note dated 6/8/15 the treating provider's plan of care includes a request for functional restoration program times two weeks, 50 hours as the injured worker's functionality has continued to demise.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program for 2 weeks for a total of 50 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) (2) Functional restoration programs (FRPs) Page(s): 30-32, 49.

**Decision rationale:** The claimant sustained a work injury in November 2014 and is being treated for radiating neck pain. When seen, she had completed six physical therapy treatment sessions which had exacerbated her pain. She had not had diagnostic testing, chiropractic treatments, or acupuncture. She was having difficulty with activities of daily living. She had been able to return to modified work on a part-time basis but was unable to continue working when her work hours were increased. Over the previous month she had been out of work. Physical examination findings included appearing in mild distress. Cervical facet loading was positive and there were multiple trigger points. There was decreased and painful cervical and lumbar spine range of motion. Authorization for participation in two weeks of a functional restoration program was requested. In terms a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain. Criteria include that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant had been able to return to work on a part-time basis and a trial of work conditioning could be considered. She has not had other conservative treatments that might be effective such as chiropractic care or acupuncture. Her diagnostic work up is incomplete and may guide further treatments that could be effective. Participating in a functional restoration program is not medically necessary at this time.