

<b>Case Number:</b>	CM15-0139806		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 48-year-old male sustained an industrial injury to the neck on February 6, 2014. Previous treatment included cervical fusion, physical therapy, acupuncture, epidural steroid injection and medications. In a physical therapy evaluation dated 5/5/15, functional limitations included difficulty with mobility, lifting, dressing, household chores and activities of daily living. The injured worker could stand for 25 minutes and sit for 23 minutes. In a functional restoration program request for authorization dated May 5, 2015, the injured worker complained of constant sharp neck pain rated 9 to 10 out of 10 on the visual analog scale with radiation to the right shoulder and right upper arm associated with numbness and loss of sensation from the right elbow to the hand. The injured worker admitted to feeling depressed and having frequent panic attacks. Physical exam was remarkable for neck with moderated paraspinal musculature and trapezius muscle tenderness to palpation with severely limited and painful range of motion. The injured worker walked with a normal gait without use of an assistive device. The physician noted that the injured worker was limited for functional strength and endurance. The injured worker could lift ten pounds and carry fifteen pounds. The injured worker had limited endurance. The physician noted that the injured worker appeared to be in moderate distress with a moderately depressed mood. Current diagnoses included chronic neck pain, cervical fusion and cervical radiculopathy. The physician recommended participation in a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**50 hours of Functional Restoration Program (5 hours per day, 5 days per week for 2 weeks): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states, "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Medical documentation provided did not provide sufficient information to warrant certification for a full program. His initial evaluation noted that he has limited functional strength and endurance but his muscle testing and deep tendon reflexes were reported to be within normal limits. There is no discussion to rectify the differences noted in the medical records. The notes fail to demonstrate a significant loss of function. As such, the request for 50 hours of Functional Restoration Program (5 hours per day, 5 days per week for 2 weeks) is not medically necessary.