

<b>Case Number:</b>	CM15-0203614		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 36 year old female who sustained an industrial injury on 12-14-2012. According to a neurological re-evaluation dated 10-02-2015, current symptoms included constant, burning lower back pain rated 3-7 on a scale of 1-10. Pain radiated across the bilateral buttocks with constant tingling on the sides of both legs down to the left foot and toes. She had daily cramping in the back. She reported constant painful numbness at the left heel. The left knee was locking up and would give way. She had fallen down 1 time per month. Knee pain was constant. She was sleeping better and unable to fall asleep. She reported tingling, burning sensation, worsening at night after sitting and stretching her left arm forward and up. She was experiencing tingling, pins and needles sensation in the left 3rd, 4th and 5th fingers. Left grip was weak. Left neck pain, choking at night, hot flashes, weight gain and thinning hair was reported. Current medications included vitamins, Prozac, Celexa, Elavil, Prilosec, ferrous sulfate, Neurontin, Flomax, Macrodantin, stool softener and Synthroid. Diagnostic impression included exacerbation of the lower back resulting in fall with loss of consciousness with head trauma on 09-22-2015, chronic lumbar spine osteomyelitis and recurrent surgical site infection improving, musculoligamentous sprain strain of the lumbar spine with pain and numbness status post L5-S1 decompression on 05-27-2015 with residual pain and numbness, musculoligamentous sprain strain of the cervical spine with radicular component, left ulnar and bilateral carpal tunnel syndrome, status post multi-organ failure due to Tylenol pain medications, perforated gastric ulcers, left shoulder internal derangements, left knee internal derangements, mild bilateral carpal tunnel syndrome, sleep impairment due to pain, sexual dysfunction due to pain, pain at the left ankle and left hip, hypothyroidism, thyroid nodules, diverticulitis and

anemia. The treatment plan included EEG, functional restoration program 5 times a week x 2 weeks, follow up, left elbow and bilateral wrist braces, endocrinology evaluation (nonindustrial) and continuation of left knee brace. The injured worker remained on temporary total disability. An authorization request dated 10-02-2015 was submitted for review. The requested services included EEG and functional restoration. On 10-07-2015, Utilization Review non-certified the request for functional restoration program 5 times week x 2 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional restoration program 5/week x 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

**Decision rationale:** Functional restoration program 5/week x 2 weeks is not medically necessary per the MTUS Guidelines. The MTUS states that the patient is not a candidate where surgery or other treatments would clearly be warranted. The documentation indicates that an EEG and 3 physician follow up appointments are scheduled. It is not clear what other treatments may still be pending for this patient therefore this request is not medically necessary.