

<b>Case Number:</b>	CM15-0036556		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female sustained an industrial injury on 6/13/14, with subsequent ongoing neck and back pain. Magnetic resonance imaging lumbar spine (10/16/14) showed a mild compression fracture and small disc bulge at L2-3 and L3-4 with mild central stenosis. Treatment included physical therapy, back brace and medications. In a pain management consultation dated 1/6/15, the injured worker complained of daily headaches and ongoing pain to the cervical spine, thoracic spine, lumbar spine, buttocks and lower extremities. The physician noted that the injured worker was not working and reported limitations with all household activities included cooking, cleaning, exercising and interacting with family. Current diagnoses included chronic pain syndrome, cervical and thoracic myofascial pain syndrome and persistent low back pain with disc bulge and mild compression fracture. The physician noted that the injured worker had a six-month history of pain that did not respond well to conservative treatment. Recovery was delayed. The treatment plan included participation in a functional rehabilitation program. On 2/18/15, Utilization Review noncertified a request for Functional Restoration Pain Program, Outpatient noting that it was unclear whether previous conservative treatment was not effective and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Pain Program, Outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient has a date of injury from 6/13/14 and complains of neck and low back pain and daily headaches. The current request is for functional restoration program, outpatient. The Request for Authorization is not provided in the medical file. The MTUS page 30 to 33 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including, 1. Adequate and thorough evaluation has been made, 2. Previous methods of treating chronic pain have been unsuccessful, 3. Significant loss of ability to function independently resulting from the chronic pain, 4. Not a candidate for surgery or other treatment would clearly be warranted, 5. The patient exhibits motivation to change, 6. Negative predictors of success above have been addressed. The treating physician states that the patient has not responded well to conservative treatments and her recovery is delayed. Treatment goal was to help the patient maximize function and reduce or eliminate flare ups so she can become more independent in pain management skills. In this case, an evaluation has not taken place. MTUS states functional restoration programs are indicated only after adequate and thorough evaluation has been made. This request is not medically necessary.