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| <b>Case Number:</b>   | CM15-0050893 |                              |            |
| <b>Date Assigned:</b> | 03/24/2015   | <b>Date of Injury:</b>       | 08/15/1997 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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 54 year old male injured worker suffered an industrial injury on 08/15/1997. The diagnoses were cervical strain, cervical fusion, chronic cervical pain, lumbar strain, lumbar pain and depression. The diagnostics included brain magnetic resonance imaging and computerized tomography of the cervical spine. The injured worker had been treated with epidural steroid injections, spinal cord stimulator removal, medications, and physical therapy. On 1/29/2015 the treating provider reported neck pain level of 7/10 radiating to the left hand. There has recent increase in low back pain without radiation. There was lumbar spine tenderness and cervical spine tenderness. The treatment plan included a Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

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

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Treatments included an anterior cervical decompression and fusion with post-operative wound infection, physical therapy, medications, and a spinal cord stimulator. Functional restoration programs are recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria include an adequate and thorough evaluation, including baseline functional testing which is absent in this case. Therefore, the medical necessity of participation in a functional restoration program is not established. The treatment is not medically necessary.