

<b>Case Number:</b>	CM15-0056032		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/24/2007
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 51-year-old male who sustained an industrial injury on 05/24/07. Initial complaints and diagnoses were not available. Treatments to date include medications, 2 back surgeries, and a spinal cord stimulator placement. Current complaints include back pain radiating to feet, left hip, and neck. In a progress note dated 12/02/14 the treating provider reports the plan of care as detoxification program as a 10 week residential treatment and a Functional Restoration Program. Per documentation the patient was referred for functional rehabilitation including opioid detoxification. The patient had psychological issues of severe depression, suicidal ideation in the past, a history of prior psychotherapy. He also had limited function and remained in severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete detox over 10 week period residential treatment and functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs), Inpatient Rehabilitation Programs, Early Intervention, Intensity, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

**Decision rationale:** Complete detox over 10 week period residential treatment and functional restoration program is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for a multidisciplinary pain management program treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request as written exceeds this recommended time period and cannot be recommended as medically necessary. Therefore, this request is not medically necessary.