

<b>Case Number:</b>	CM14-0006271		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old female who has filed a claim for neck and lumbar sprain associated with an industrial injury date of December 17, 2008. Review of progress notes reports severe neck pain radiating into the left shoulder, bilateral trapezii, and medial borders of the scapulae; and a very tight feeling in the neck. Patient also complains of significant low back pain radiating into the calves and primarily to the left ankle, graded 9/10. Findings include tenderness of the cervical region, worse on the left, and pain upon range of motion. With regards to the low back, patient has tenderness, limited and painful range of motion, and positive Patrick's test on the left. Patient has an antalgic gait favoring the left leg. Patient also complains of anxiety, suicidal thoughts, and depression. Treatment to date has included NSAIDs, opioids, trazodone, sacroiliac joint injections, physical therapy, chiropractic therapy, acupuncture, and TENS. Utilization review from December 19, 2013 denied the request for initial evaluation with functional restoration program as there have been no conflicting medical reporting regarding fitness for modified job, and the patient is not close to MMI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL EVALUATION WITH FUNCTIONAL RESTORATION PROGRAM:** 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 Chronic Pain Medical Treatment Page(s): 30-32.

**Decision rationale:** According to pages 30-32 of the California MTUS chronic pain medical treatment guidelines and ODG pain chapter, functional restoration programs may be considered after an adequate and thorough multidisciplinary evaluation has been made, after all conservative treatment options have been exhausted, and the patient is not a surgical candidate. In this case, there is no documentation that all conservative treatment options have been exhausted. The patient has had significant improvement in pain symptoms with previous physical therapy, and another course of physical therapy was requested for the flare up of the patient's pain. Also, this patient is also experiencing symptoms of depression with suicidal ideation, and no documentation regarding treatment for patient's psychiatric condition. Having high levels of psychosocial distress is not a good predictor for success of a functional restoration program. Therefore, the request for initial evaluation with functional restoration program was not medically necessary.