

<b>Case Number:</b>	CM14-0106160		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 33-year-old gentleman was reportedly injured on October 5, 2011. The mechanism of injury was noted as carrying a box of coins. The most recent progress note, dated June 13, 2014, indicated that there were ongoing complaints of neck pain and left upper extremity pain. No physical examination was performed on this date. Diagnostic nerve conduction studies, dated February 25, 2013, indicated mild left and moderate right ulnar neuropathy at the elbow. An MRI of the cervical spine, dated September 27, 2013 revealed mild degenerative changes and a small right sided paracentral disc herniation at C5-C6. Previous treatment includes oral medications. A request had been made for functional restoration program was not certified in the pre-authorization process on June 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation for a 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 Programs Page(s): 30-34.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for participation in a functional restoration program includes documentation that the injured employee has a significant loss of ability to function independently resulting from chronic pain. Additionally, previous methods of treating chronic pain should have been determined to be unsuccessful and there is an absence of other options likely to result in significant clinical improvement. A review of the medical records indicates that the injured employee is currently being assessed for a possible brachial plexus lesion and this workup is still incomplete. As such, this request for participation in a functional restoration program is not medically necessary.