

<b>Case Number:</b>	CM14-0147202		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 & Rehabilitation, 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:

This is an injured worker with a date of injury of 1/27/14. A utilization review determination dated 9/4/14, recommends non-certification of a functional restoration program evaluation. 8/11/14 medical report identifies low back pain, right hand achiness, and headaches. Relaxation and massage help. Physical therapy has been up to 60% helpful and effective, along with chiropractic treatment. Medication has been helpful up to 80%. She is off the medication and just doing chiropractic treatment, which has been helpful and effective. On exam, paresthesias in digits 1 and 2 of the right hand were noted along with 4/5 strength in shoulder abduction and forward flexion bilaterally, wrist flexion and extension on the right, and grip strength on the right. A positive SI joint compression test was noted. Recommendation was for a functional restoration program. The provider noted that issues of secondary gain and negative predictors of success were addressed, although specifics were not given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** 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 Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for a functional restoration program evaluation, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain and is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success have been addressed. Within the medical information available for review, it is noted that various methods of conservative management have been significantly beneficial. There is no indication of an absence of other options likely to result in significant clinical improvement or that the patient has a significant loss of ability to function independently resulting from the chronic pain. Furthermore, there is no indication that the patient is not a candidate where surgery or other treatments would clearly be warranted. In the absence of clarity regarding the above issues, the currently requested functional restoration program evaluation is not medically necessary.