

<b>Case Number:</b>	CM14-0096105		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/06/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Occupational Medicine 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 patient is a 48 y/o female who has developed a widespread chronic myofascial pain syndrome secondary to an injury dated 6/6/10. She has completed a 4 week multidisciplinary chronic pain program with improvements in function and diminished medication use. There are no specific impairments documented that would necessitate hands on therapies. Treatments have consisted of counseling, Yoga, Tai-Chi, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program x 2 weeks (10 days): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain - Procedure Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Programs Page(s): 32.

**Decision rationale:** Unless there are mitigating circumstances, MTUS Guidelines recommend a 20 treatment day program as sufficient for chronic pain/functional restoration programs. There are no apparent reasons why the program should not be limited to Guidelines recommendations for length. There are no medical reasons why additional follow up with Yoga or other approaches to exercise could not be done as part of a community and/or home based program.

The request for an additional 10 days of the functional restoration program is not medically necessary.