

<b>Case Number:</b>	CM14-0213472		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 a 61 year old patient with date of injury of 10/05/2013. Medical records indicate the patient is undergoing treatment for disc desiccation of the cervical spine and disc protrusion at C7-T1 causing occasional cervical radiculopathy involving left side, pain at T11-T12, sprain/strain thoracic spine, disc desiccation and disc protrusion of lumbar spine, anxiety and GI upset. Subjective complaints include cervical spine pain extending into left arm, left side of neck and left shoulder, pain along entire length of spine, low back pain to both heels. Objective findings include slightly antalgic gait, palpation of cervical spine revealed pain at C2-C3 all the way to C7-T1; deep palpation of cervical spine caused pain to left arm to hand; numbness to left hand, cervical range of motion - flexion 30, tilt to right 20, tilt to left 10, rotation to right 20, rotation to left 10, extension 10; palpation of upper and mid thoracic spine showed minimal to moderate pain and discomfort; pain at T11-T12; palpation of lumbar spine reveals pain at L1-L2 to L5-S1, pain extends down left leg to left heel; lumbar ROM - anterior flexion 70, tilt to right 20, tilt to left 10, rotation to right 20, rotation to left 10, extension 10; Phalen's test positive bilaterally. Treatment has consisted of physical therapy, EMG/NCV. The utilization review determination was rendered on 12/03/2014 recommending non-certification of Functional restoration program for the lumbar spine; 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program for the lumbar spine; 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement(2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement;(3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change;(6) Negative predictors of success above have been addressed.The current request is for a functional restoration program evaluation. While the guidelines address adequacy of entry into a program, a few criteria are important to note prior to an evaluation. The medical documentation provided do not indicate that this patient is not a surgical candidate. Subjective pain is documented, but medical records related to the request for the functional restoration program evaluation do not detail what abilities are lost specifically due to pain. As such, the request for Functional restoration program for the lumbar spine; 6 sessions is not medically necessary at this time.