

<b>Case Number:</b>	CM15-0103612		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	05/10/1999
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 52 year old female who sustained an industrial injury on 05/10/1999. Diagnoses include failed low back syndrome, bilateral carpal tunnel syndrome, status post right carpal tunnel release, left shoulder pain-status post arthroscopy, left ulnar neuritis, left-sided lateral epicondylitis, left-sided DeQuervain's tenosynovitis and depression. Treatment to date has included surgery and medications. A physician progress note dated 04/08/2015 documents the injured worker complains of persistent low back and leg pain that she rates as 10 out of 10. She also complains of neck and bilateral hand pain that she rates as a 10 out of 10. She is not attending any therapy and she is not working. She reports weight changes, fatigue, weakness, and trouble sleeping. She has tenderness to palpation about the lumbar and thoracic paraspinal muscles. Flexion is to 45 degrees, extension is to 10 degrees, rotation is 40 degrees bilaterally. Tilt is 20 degrees bilaterally. She has decreased sensation about the L5 dermatome. The injured worker is presently using more medication than previously written for. The treatment plan is for weaning of Norco to 45 pills, and Ambien, Xanax and Naprosyn will be prescribed. She needs to enter a Functional Restoration Program for detoxification at this time. Treatment requested is for Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for low back pain. When seen, there was decreased lumbar spine range of motion and lower extremity sensation. There was thoracic and lumbar tenderness. Norco and Xanax were being prescribed. Authorization for detox followed by a functional restoration program was requested. In this case, the claimant has not been evaluated for a functional restoration program. Additionally barriers to success such as completion of the planned medication detoxification have not been completed. There is no evidence of disabling pain. The request was not medically necessary.