

<b>Case Number:</b>	CM15-0017790		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/28/2009
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 65-year-old male, who sustained an industrial injury on 10/28/2009. The initial complaints or symptoms included low back pain. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electro diagnostic testing, conservative therapies, injections, cervical spine fusion, right shoulder surgery, and bilateral carpal tunnel surgery. Currently, the injured worker complains of continued pain in the cervical spine despite medications and physical therapy. Mild functional improvement was noted with physical therapy. The diagnoses include status post-cervical spine fusion, status post right shoulder internal derangement repair, lumbar herniated nucleus pulposus with radiculopathy, bilateral carpal tunnel syndrome, sleep deprivation, stress, anxiety and depression. The request for authorization included functional restoration program evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49 Page(s): 30-32, 49.

**Decision rationale:** The claimant sustained a work-related injury in October 2009 and continues to be treated for chronic pain affected multiple body areas. He has depression and anxiety. He has not returned to work. When seen, he was concerned that since his condition was worsening, he would be unable to take care of himself or his family. In this case, the claimant has pain with depression and anxiety affecting his personal and family life. A functional restoration program can be recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation as it being requested which is therefore medically necessary.