

<b>Case Number:</b>	CM15-0111452		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 53 year old, female who sustained a work related injury on 6/6/14. She bent over at work, hit her head on a cabinet and fell backwards. She was dazed and had visual impairments with "double or triple vision." The diagnoses have included traumatic brain injury, post concussion syndrome, migraines, neck pain, depression and psychological factor affecting physical condition. Treatments have included medications, counseling with a social worker and home and community reintegration with functional restoration program. In the PR-2 dated 4/9/15, the injured worker complains of a significant decline since last visit with increased frequency, intensity and duration of headaches, recurrence of stabbing head pain and a decline in cognition. She complains of decreased short-term memory, attention, problem solving and multitasking. She complains of decreased mental and physical endurance. She complains of neck pain. She complains of crying easily, decreased confidence and impaired vision. She is independent with activities of daily living and mobility. The treatment plan includes recommendations to continue functional restoration program and for injured worker to see psychiatrist and psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional functional restoration program, 32 hours: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 of 127. Decision based on Non-MTUS Citation J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references) Sanders SH, Harden RN, Vicente PJ Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references].

**Decision rationale:** This claimant was injured 6-6-14. She hit her head, and fell back word. She reported double or triple vision. There has been a functional restoration program. Since April 2015, there was declined in function and increased pain with crying and decreased confidence. Other Medical Treatment Guideline or Medical Evidence clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references), Sanders SH, Harden RN, Vicente PJ Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005 41 p [116 references]. The MTUS gives a clear role to functional restoration programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. However, there is a limit to the effectiveness in such programs. In the National Guidelines Clearinghouse, under chronic, non-malignant pain, treatment intensity, the following is stated: "Regardless of the number of hours per day or days per week the patient has seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplished within a maximum of 20 treatment days". In this case, the objective functional program out of initial functional restoration efforts are not known. Also, there appears to be an overriding depression, which is best treated by other means rather than a functional restoration program. The request for the additional days is appropriately not medically necessary under the evidence based criteria.