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| <b>Case Number:</b>   | CM15-0113417 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 03/22/2014 |
| <b>Decision Date:</b> | 07/23/2015   | <b>UR Denial Date:</b>       | 06/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2015 |

### 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: California

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 59 year old female, who sustained an industrial injury on 3/22/14. The injured worker has complaints of neck pain that radiated to bilateral upper extremities with tingling/numbness all fingers and weakness. The documentation noted that the injured workers gait is antalgic with favoring left lower extremity and is not able to heel and toe stand/walk and her posture has lumbar spine guarding. The cervical range of motion of the cervical spine is very limited in flexion, extension, lateral rotation and lateral bending with increase in concordant pain in all planes. The diagnoses have included depression and anxiety; cervical disc with radiculitis; degeneration of cervical disc and neck pain. Treatment to date has included physical therapy; acupuncture; individual psychological counseling and magnetic resonance imaging (MRI) of the cervical spine dated May 2014 showed degenerative disc disease and disc protrusion at C3-4, 4-5, 5-6 and C6-7. The request was 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 CSSC # days Qty: 20.00: 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 Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains Page(s): 49.

**Decision rationale:** The request for functional restoration program for 20 days is not medically necessary at this time. This exceeds guideline recommendations as the California Medical Treatment Utilization Schedule suggests treatment not longer than two weeks. The patient's response from the two-week functional restoration program shall determine the necessity of additional days of treatment.