

<b>Case Number:</b>	CM15-0114615		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 50 year old female, who sustained an industrial injury on December 6, 2013. She reported pain in the abdomen after having severe coughing secondary to an upper respiratory infection and neck pain, low back pain and headaches after slipping on ice and hitting the head and low back. The injured worker was diagnosed as having a rectal sheath tear in 2013, low back pain, neck pain, fibromyalgia and headache. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain, low back pain and headaches with associated frustration and depression. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She reported working as an over the road truck driver. She was treated conservatively without complete resolution of the pain. Evaluation on May 15, 2015, revealed continued pain as noted. She reported having a severe exacerbation of pain in October of 2014 in which the ambulance crew had to break her truck window and help her out of her truck. A complete multidisciplinary evaluation to include evaluation by pain psychologist with psych testing, evaluation by pain therapist and comprehensive interdisciplinary report for functional restoration program was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete multidisciplinary evaluation to include evaluation by pain psychologist with psych testing, evaluation by pain therapist and comprehensive interdisciplinary report for functional restoration program: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs, p 30-32).

**Decision rationale:** The claimant sustained a work injury in December 2013 and continues to be treated for neck and low back pain. She was seen by the requesting provider for an initial evaluation on 05/15/15. Review of systems was positive for anxiety, depression, headaches, and difficulty sleeping. There was decreased lumbar spine range of motion and trochanteric and bilateral trapezius muscle tenderness. The assessment references expected benefit from physical therapy treatments. A functional restoration program can be recommended for selected patients with chronic disabling pain. Criteria include that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant has not failed physical therapy which is referenced as expecting to provide benefit. Other treatments such as medications and a psychological evaluation may be of benefit. Therefore, an evaluation for a functional restoration program is not medically necessary at this time.