

<b>Case Number:</b>	CM15-0067945		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: 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 36 year old female, who sustained an industrial injury on 1/7/03. The injured worker has complaints of low back pain; leg pain left more severe than right; wrist surgery and metal rod right femur. The diagnoses have included post-laminectomy lumbar region/failed back; lumbago/low back pain/ long-term current use of other medications; depression not otherwise specified and neuralgia, neuritis and radiculitis. Treatment to date has included spinal cord stimulator trial and permanent replacement 2004 and later removed in 2011; psychotherapy; L5/S1 microdiscectomy; epidural steroid injection; massage therapy; physical/water therapy; acupuncture; trigger point injections; spinal cord stimulator trail; transcutaneous electrical nerve stimulation unit; and medications. The request was for 1 pain management functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pain management functional restoration program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional restoration program Page(s): 30-34, 49.

**Decision rationale:** Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, as the patient has documented improvement from prior medications, physical therapy sessions, TENS, massage therapy sessions, and epidural steroid injection. Additionally, there is demonstration of negative predictors of success such as pessimism and somatic preoccupation. As such, the current request is not medically necessary.