

<b>Case Number:</b>	CM15-0076435		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	11/07/2003
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 46-year-old female who sustained an industrial injury on 11/7/03. She has reported initial complaints of low back, neck and shoulder injuries after breaking up a fight. The diagnoses have included pain disorder associated with both psychological factors and general medical condition, which is chronic, major depressive disorder, chronic pain syndrome, neck pain, cervical radiculitis, left shoulder pain, lumbago, myofascial pain involving the gluteus, and lumbar radiculitis. Treatment to date has included medications, chiropractic, pain management, physical therapy, epidural steroid injection (ESI), left shoulder surgery, acupuncture and psychological treatments. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, x-rays of the lumbar spine, left shoulder Magnetic Resonance Imaging (MRI) and Magnetic Resonance Arthrogram (MRA) and electromyography (EMG)/nerve conduction velocity studies (NCV). The current medications included Ambien and Norco. Currently, as per the physician progress note dated 2/4/15, the injured worker complains of constant tight pain in the neck, shoulder and low back. The pain radiates to left thumb and causes numbness. The pain is rated 8/10 on pain scale and she reports the only improvement is with medications. She reports difficulty sleeping, depression and inability to work due to pain. The physical exam revealed mild distress due to pain, left shoulder with limited abduction and forward flexion due to pain. There were trigger points noted at suboccipitals, upper trapezius, and along the cervical, lumbosacral spinous process and bilateral sacroiliac joint region. The gait was low with head leaning forward. The physician noted that the goal is to improve her physical endurance, improve low back strength, improve sleep, improve

lift capacity and further decrease dependence on medication use. The physician also noted that she was a good candidate for Functional Restoration Program. The physician requested treatment included 16 Part day sessions (total 80 hours).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**16 Part day sessions (total 80 hours): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration.

**Decision rationale:** Guidelines support use of a functional restoration program if all other chronic pain treatments have failed, there is significant loss of function, surgery is not an option, there is motivation to change and negative predictors of success have been addressed. In this case, the patient has not undergone any conservative therapies aside from medication and there is no documentation of gross functional deficits. The request for 16 part time sessions is not medically appropriate and necessary.