

<b>Case Number:</b>	CM15-0096125		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: 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 41-year-old male injured worker suffered an industrial injury on 11/07/2013. The diagnoses included displacement of lumbar intervertebral disc. The injured worker had been treated with physical therapy, medications and surgery. On the treating provider reported had eliminated most all of the significant pain behaviors and demonstrated outstanding motivations. There had been functional improvements as well but had not yet reached all of the goals in the program. The treatment plan included 20 additional sessions functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 additional sessions (Monday-Thursday 8:30-3) of functional restoration program:**

Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The first reviewer modified the original request from 20 sessions to 10 sessions. 20 additional sessions (Monday- Thursday 8:30-3) of functional restoration program is not medically necessary.