

<b>Case Number:</b>	CM14-0143409		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 35 year old female presenting chronic pain following a work related injury on 06/10/2009. The claimant has tried physical therapy, chiropractor therapy, medications and injections. The claimant also had an epidural steroid injection on 04/03/2012 which did not provide benefit. The claimant is taking Nucynta, Protonix and Senna. MRI of the thoracic spine showed minimal degenerative disc changes at T4-5 level without evidence of neuroforaminal stenosis. EMG and nerve conduction velocity documented bilateral L5-S1 radiculopathy. MRI of the cervical spine showed 2-3 mm central disc protrusion at C5-6. The physical exam showed limited range of motion of the cervical and lumbar spine as well as paraspinal tenderness. A claim was placed 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 x 160 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program (functional restoration programs) Page(s): 31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program, Page(s): page(s) 49.

**Decision rationale:** Functional Restoration Program x 160 hours is not medically necessary. The claimant was diagnosed with depression and presents a picture of uncontrolled pain as opposed to decreased functioning. There is not delineation of psychosomatic pain versus true pathological pain; therefore a functional restoration program is not medically necessary. Ca MTUS page 49 states that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. "The program is the type of treatment included in the category of interdisciplinary pain programs for patients with chronic disabling occupational musculoskeletal disorders. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychosocial intervention. Treatment in these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Page 31 of MTUS guidelines also states that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment, the intensity necessary for effective treatment, and cost effectiveness; The claimant was not diagnosed with a chronic disabling occupational musculoskeletal disorder; therefore, the requested service is not medically necessary.