

<b>Case Number:</b>	CM13-0019425		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 injured worker is a 60-year-old male with a reported date of injury on 05/12/2010. The mechanism of injury reportedly occurred when a pressure cooker exploded. His diagnoses were noted to include 25% total body burn, cervical disc injury with herniation at level C3-4, cervical sprain/strain, left shoulder rotator cuff injury, left shoulder sprain/strain, lumbosacral sprain/strain, laceration of upper and lower limbs, right S1 lumbosacral radiculopathy, and boutonniere of the left middle finger with scar tissue in the joint capsule. His previous treatments were noted to include epidural steroid injections, exercise, surgery, previously physical therapy, and medications. The progress note dated 07/17/2013 from the functional restoration program revealed the injured worker had shown improved awareness of posture, pacing techniques, relaxation techniques and body mechanics. The injured worker continued to have decreased range of motion, decreased strength, decreased flexibility, decreased endurance, and decreased functional capacity. The progress note dated 12/24/2013 revealed the injured worker complained of neck, low back, and pain in his back. The physical examination revealed a decreased cervical lumbosacral range of motion, motor strength rated 5/5, and a lot of burn scar throughout the body. The progress note dated 05/20/2014 revealed the injured worker complained of pain and discomfort in the neck and lower back and has skin burns. The physical examination revealed decreased cervical lumbosacral range of motion, motor strength rated 5/5, and a lot of burn scar tissue throughout the body. The provider indicated he instructed the injured worker to do exercises at no pain range and to apply modality treatment on an as needed basis. The request for authorization form dated 07/19/2013 was for post functional restoration programs and times for visits, once a week, to teach the injured worker coping skills to treat his pain condition.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **4 WEEKLY POST-FRP VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER.

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

**Decision rationale:** The request for 4 weekly post-frp (functional restoration program) visits is not medically necessary. The injured worker participated in a functional restoration program and was off of narcotic medications and sleeping better. The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs as a type of treatment included in the category of interdisciplinary pain programs and were designed to use a medically directed interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over elimination of pain. The functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminished over time, but still remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation provided indicated the injured worker showed objective gains with the functional restoration program, however the most recent progress note indicated a decreased range of motion, but the motor strength was still the same. The documentation provided also indicated the injured worker was no longer taking narcotic medications and was sleeping better throughout the night. Therefore, due to lack of documentation regarding objective functional deficits and medication utilization, the request for 4 post functional restoration program visits is not appropriate at this time. Therefore, the request is not medically necessary.