

<b>Case Number:</b>	CM13-0025047		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic elbow pain, and chronic lower extremity pain reportedly associated with an industrial injury of June 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; elbow corticosteroid injection; a TENS unit; unspecified amounts of physical therapy; and extensive periods of time off of work. In a utilization review report of September 11, 2013, the claims administrator denied a request for functional restoration program on the grounds that it had not been clearly stated that the applicant was not, in fact, an operative candidate. An October 21, 2013 progress note is notable for comments that the applicant is on Norco for pain relief. The applicant would like to exhaust conservative measures, including a functional restoration program. An elbow corticosteroid injection was unsuccessful. The applicant does not wish to consider a cubital tunnel release surgery, it is stated. She is obese with a BMI of 34. She is unemployed. She is asked to continue Norco, Prilosec, and consider the 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 Left Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31,32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of chronic pain or functional restoration program include evidence that an adequate and thorough precursor evaluation has been made, evidence of previous means of treating chronic pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement, evidence that there is a significant loss of ability to function independently resulting from the chronic pain, evidence that an applicant is not a candidate for surgery, and/or evidence that an applicant is willing to change, and is even willing to forego disability payments to effect that change. In this case, however, the precursor evaluation has not been completed. It is not clearly stated that the applicant is willing to return to work, improve, and/or forego disability payments to effect change. Therefore, the request is not certified.