

<b>Case Number:</b>	CM13-0038957		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 44 year-old female with a 7/28/11 industrial injury claim. According to the 9/16/13 report from [REDACTED], the patient's assessment is: cervical sprain; cervical DDD; repetitive trauma to upper extremities; myofascial pain; depression; insomnia; sexual insufficiency; allergic reaction to Tramadol; and gastritis. She presents with neck pain and bilateral shoulder pain that goes down to her hands. On 9/16/13, she had an aggravation of symptoms from increased anxiety and stress/depression because her son was in a recent accident. The plan was to refer her for cognitive behavioral therapy, and acupuncture and functional restoration, but the FRP was not approved. The initial request for the FRP appears to come on the 8/19/13 report from [REDACTED] with the rationale that it was recommended by [REDACTED]. In the 652 pages of records provided for this IMR, I do not see any reports from a [REDACTED]. UR denied the request for a FRP on 9/17/13, but the UR letter provided for IMR does not include the rationale for the denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (FRP) for 12 weeks/35-40 mins:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Functional Restoration programs Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Functional Restoration programs Page(s): 30-32.

**Decision rationale:** The patient presents with chronic neck and upper extremity pain. The physician has requested a functional restoration program based on the recommendations and rationale of a second physician, [REDACTED]. There are no reports from [REDACTED] available for this review. There is no rationale available for the FRP. MTUS provides criteria for functional restoration programs: "Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." For Negative predictors of success, MTUS states: "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain" MTUS states all criteria (1) through (6) must be met. Based on the information provided, none of the items, 1-6 are discussed. The request is not in accordance with MTUS guidelines