

<b>Case Number:</b>	CM13-0058860		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery, 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 injured worker is a 55-year-old female who reported an injury on 10/29/2012. The mechanism of injury was cumulative trauma related to the performance of job duties. The injured worker was initially treated with activity modification and medications; however, this failed to resolve her symptoms. It was noted that she received an MRI of the cervical spine on an unknown date that revealed no abnormalities other than arthritis. The injured worker also received an EMG and NCS of the bilateral upper extremities. This study revealed no evidence of carpal tunnel syndrome, peripheral neuropathy, or cervical radiculopathy bilaterally. The injured worker has received extensive physical therapy sessions, acupuncture sessions, and activity modification. Her current diagnoses include repetitive stress injury to the bilateral upper extremities, cervical and trapezial strain, and bilateral lateral epicondylitis. Due to the injured worker's inability to complete work activities, she was referred for an initial evaluation for a 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, 160 HOURS FOR THE NECK AND CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION FUNCTIONAL RESTORATION PROGRAMS (FRP).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CHRONIC PAIN PROGRAMS Page(s): 30-33.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend chronic pain programs for injured workers experiencing delayed recovery. Guidelines indicate that all criteria must be met prior to entrance into a chronic pain program, and that an initial 10 visits or sessions should be performed with documentation of objective improvement provided, in order to extend treatment. Although the injured worker may benefit from participation in a Functional Restoration Program, and all the appropriate documents were submitted for review, the current request for 160 hours exceeds guideline recommendations of an initial trial of 80 hours (10 sessions, 2 weeks) prior to extending treatment. As this request is in excess of guideline recommendations, the request for [REDACTED] Functional Restoration Program, 160 hours for the neck and cervical spine is non-certified.