

<b>Case Number:</b>	CM13-0070076		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 53-year-old male who reported an injury on 02/11/2008. The mechanism of injury was not stated. The current diagnoses include depressive disorder, anxiety disorder, pain disorder, and psychosocial problems. The injured worker underwent an initial evaluation and multidisciplinary conference prior to a functional restoration program. The injured worker was status post left shoulder surgery on 11/29/2010 and revision on 08/24/2012. The injured worker was also status post left carpal tunnel release on 06/24/2013. The injured worker has been previously treated with lumbar epidural steroid injections, anti-inflammatory medication, analgesic medication, and muscle relaxants. The injured worker reports ongoing pain with activity limitation. The physical examination on that date revealed restricted lumbar range of motion, positive straight leg raising on the right, an antalgic gait, decreased grip strength on the left, and symmetric reflexes bilaterally. The injured worker also reported symptoms of anxiety, depression, and insomnia. The treatment recommendations at that time included 160 hours of 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 TIMES 160 HOURS FROM 01/06/2014 TO 02/14/2014:** Upheld

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that functional restoration programs are recommended where there is access to programs, with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. There should be documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. As per the documentation submitted, the injured worker has been previously treated with lumbar epidural steroid injections, two (2) shoulder surgeries, and a carpal tunnel release. It is also noted that the injured worker was no longer a surgical candidate, with regard to the lower back and upper extremities. However, the Guidelines indicate that treatment is not suggested for longer than two (2) weeks, without evidence of demonstrated effectiveness as documented by subjective and objective gains. Therefore, the current request for 160 hours in the functional restoration program exceeds guideline recommendations. Therefore, the request is non-certified.