

<b>Case Number:</b>	CM14-0103087		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 and is licensed to practice in Texas and Ohio. 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 female who reported an injury on 05/04/2004. The mechanism of injury was not noted within the documentation. Her diagnoses were noted to be chronic pain, cubital tunnel syndrome, epicondylitis and myofasciitis. It was noted that there was a prior surgical procedure of endoscopic carpal tunnel release bilaterally. An orthopedic report on 06/14/2014 noted the injured worker with subjective complaints of chronic pain in both upper extremities. She stated the pain was worse with pinching, pulling and grasping activities. It is noted she uses naproxen and tramadol to relieve her pain. The objective physical exam findings noted an 80% normal range of motion of the cervical spine. There was no tenderness to palpation over the anterior or posterior cervical triangles. There was no tenderness to palpation over the trapezius and intrascapular area. The treatment plan is for a functional restoration program. The provider's rationale for the functional restoration program was noted within the documentation submitted for review. A Request for Authorization form was not noted within the documents provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult/treat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management Page(s): 78-79.

**Decision rationale:** The request for pain management consult/treat is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state in ongoing management of opiates, consideration of a consultation with a multidisciplinary pain clinic if doses of opiates are required beyond what is usually required for the condition, or pain does not improve on opiates in 3 months. Consideration of a psych consult if there is evidence of depression, anxiety or irritability. Consideration of an addiction medicine consultation if there is evidence of substance misuse. The guidelines provide a recommendation for frequency of visits while in a trial phase (first 6 months): every 2 weeks for the first 2 to 4 months; then at approximate 1 and a half to 2 month intervals. The documentation submitted for review does not provide an adequate pain assessment. It is unknown how long the injured worker has been using tramadol. Additional documentation will be needed to further review the request for pain management consultation and treatment. As such, the request for pain management consult and treatment is non-certified.

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

**Decision rationale:** The request for functional restoration program is non-certified. The California MTUS American College of Occupational and Environmental Medicine Guidelines state if an early return to work has been achieved and the return to work process is working well the likelihood of debilitation should be limited. If, however, there is a delay in return to work or a prolonged period of inactivity, a program of functional restoration can be considered. Such a program could include components of aerobic conditioning, as well as strength and flexibility assessment where necessary. It is also worth noting that pre-injury and post-injury or illness, strength and endurance may be limited, and might be less than the job requires. If this is the case, the likelihood of re-entry or prolonged problems may increase. Though it may not be part of the process for treating an acute injury, the provider and employer may have to address these issues either through focusing on modifying the job to suit the patient's abilities or considering alternative placement. The documentation submitted for review does not indicate a delay in return to work or a prolonged period of inactivity. The California MTUS Chronic Pain Medical Treatment Guidelines also recommend a functional restoration program, although research is still ongoing as to how to most appropriately to screen for inclusion in these programs. The guidelines state treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The provider's request fails to indicate a treatment period for a functional restoration request. The documentation fails to indicate a delay in return to work or prolonged period of inactivity. As such, the request for functional restoration program is non-certified.

