

<b>Case Number:</b>	CM14-0111616		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Pain Medicine and is licensed to practice in California and Washington. 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 49-year-old female who reported an injury due to continuous trauma on 09/26/2006. On 06/03/2014, her diagnoses included recurrent major depressive episodes, anxiety, psychalgia, carpal tunnel syndrome, degeneration of lumbar intervertebral discs, disorder of the coccyx and fibromyositis. Her complaints included bilateral cervical and lumbar pain, right wrist and elbow pain and pain in both hands, hips and knees. She rated her pain at 9/10 and said it was constant. She had carpal tunnel releases in 2009 and 2010. She was participating in a home exercise program that included light weights for her hand and grip strength, a rowing machine and a spin bike. She walked for 45 minutes 4 times a week. Her goals included returning to work and resuming recreational activities with decreased pain. She stated that her injuries resulted in a 75% decrease in her functional abilities. Based on her interdisciplinary evaluation, she was deemed to be a good candidate for the Interdisciplinary Functional Restoration Program. A Request for Authorization dated 06/12/2014 was included in her chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 hours of Functional Restoration Program, 10 days, for 2 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD-TWC, Internet version 2014, Pain (Chronic); Chronic Pain Programs, early intervention

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) (FRPs) Page(s): 30-33.

**Decision rationale:** The request for 60 hours of Functional Restoration Program 10 days for 2 weeks is not medically necessary. The California MTUS Guidelines may recommend chronic pain programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional Restoration Programs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Long term evidence suggests that the benefit of these programs diminishes over time. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation programs. The likelihood of return to work diminishes significantly after approximately 3 months of sick leave. It is now being suggested that there is a place for interdisciplinary programs at a stage in treatment prior to the development of permanent disability, and this may be at a period of no later than 3 to 6 months after a disabling injury. This injured worker has been out of work for more than 8 years, which exceeds the parameters in the guidelines. Her ability to return to work has not been clearly demonstrated in the submitted documentation. Therefore, this request for decision for 60 hours Functional Restoration Program 10 days for 2 weeks is not medically necessary.