

<b>Case Number:</b>	CM14-0150734		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/21/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 55-year-old female who has submitted a claim for joint pain of the shoulder associated with an industrial injury date of March 21, 2010. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of chronic shoulder pain and radiculopathy. Treatment to date has included a trial of 90 hours of [REDACTED] (6 hours a day, 5 days a week to include 2 hours of therapeutic exercise, 3.5 hours patient education and 0.5 hours relaxation). This program led to some gains in sitting and walking tolerance. However, the patient demonstrated minimal improvement in overhead work tolerance. Eight more days of treatment was previously certified. Utilization review from August 27, 2014 denied the request for 14 (fourteen) days [REDACTED] equating to 70 hours because there was no significant and lasting improvement, reduction in pain medications or work restrictions and evidence of motivation to change.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**14 (fourteen) days [REDACTED] equating to 70 hours: Upheld**

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

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

**Decision rationale:** As stated on pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the patient had a trial of 90 hours of [REDACTED] (6 hours a day, 5 days a week to include 2 hours of therapeutic exercise, 3.5 hours patient education and 0.5 hours relaxation). In addition to this, the patient has 8 more days of FRP treatment that was previously certified. This treatment duration already necessitates an evidence of efficacy based on subjective and objective gains for an extension of the program. A functional restoration program integrative summary report dated August 22, 2014 described the patient's progress. In terms of medication use, the patient was reported to be very erratic in her medication taking and the provider had rescinded the request for Lunesta. Other than this, it was stated that the patient demonstrated progress from all clinical perspectives, gaining better understanding of her chronic pain, learning psychological coping strategies and increasing her functional capacity. These subjective and objective gains justify the 10 more sessions to reach the guideline recommended 20 full-day sessions, which the patient still haven't reached. However, the 14 days being requested will make the total number of sessions 32, far exceeding the guideline recommendation of 20. The rationale provided was that there were some gains from previous sessions and the patient still has issues with medication use. Considering that the patient is still halfway through the guideline recommendation of 20 visits, the issue on medication use may still be solved with the remaining visits and a proof of further improvements to justify extension beyond 20 days still need to be presented. Therefore, the request for 14 (fourteen) days [REDACTED] equating to 70 hours is not medically necessary.