

<b>Case Number:</b>	CM14-0152836		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, has a subspecialty in Interventional Spine 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 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 46 years old female with an injury date on 05/11/2012. Based on the 06/26/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervicalgia 2. Brachial neuritis or radiculitis, not otherwise specified 3. Cervical disc displacement without myelopathy. 4. Skin sensation disturbance. According to this report, the patient complains of neck and right shoulder pain that radiates to the right arm. Patient rates the pain as 5/10. The patient's quality of sleep is poor. Physical exam reveals restricted cervical range of motion. Tenderness is noted at the trapezius muscle. Motor strength of the right bicep, triceps is a 4/5. Decreased sensation to light touch s noted over the medical forearm and lateral forearm on the right. There were no other significant findings noted on this report. The utilization review denied the request on 08/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/03/2014 to 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Functional Restoration Program 93 Hours: Overturned**

**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 Functional restoration programs (FRPs), Chronic pain programs (functional restoration programs).

**Decision rationale:** According to the 06/26/2014 report by [REDACTED] this patient presents with neck and right shoulder pain that radiates to the right arm. The treater is requesting 1 functional restoration program 93 hours; to complete the program. Regarding functional restoration programs, MTUS recommends the total treatment duration should not exceed 20 full-day sessions or 160 hours. Review of reports show that the patient has successfully completed the second week of FRP on 08/01/2014. The patient "completed 64 out of 67 authorized hours for functional restoration program. Given that the patient has 67 authorized hours of FRP; the requested additional 93 hours (total of 160 hours) appear reasonable and consistent with the guidelines. Recommendation is for authorization.