

<b>Case Number:</b>	CM14-0158015		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 7/10/2013. Diagnoses include chronic pain and myofascial pain, including low back, right shoulder and arm, left leg and knee and bilateral hip pain. Prior treatment has included physical therapy and medication Current therapy includes chiropractic treatment. The request is for 10 days 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:

**(10) Days for initial 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 Chronic Pain Treatment Guidelines Guidelines Section 2 Page(s): pp 30-32.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test

can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Negative predictors of success include (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant is currently undergoing chiropractic therapy and has requested of his treating provider that he complete that therapy before considering a Functional Restoration Program. As there is expectation that the chiropractic therapy may be helpful, he does not meet criteria #2 and the Functional Restoration Program is not medically necessary.