

<b>Case Number:</b>	CM14-0172977		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/16/2001
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Internal Medicine 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 injured worker is a 66-year-old woman with a date of injury of April 16, 2001. The mechanism of injury was not documented in the medical record. Pursuant to the most recent progress report dated September 26, 2014, the injured worker complains of neck pain, mid back pain, and low back pain with spasms. On examination, there was tenderness and myofascial tightness throughout the cervicothoracic spine. The injured worker has been diagnosed with repetitive strain injury, myofascial pain syndrome, bilateral lateral epicondylitis, trapezius strain, cervical disc injury, neck pain, and right shoulder pain. Current medications include Gralise, Norco, and Ketoprofen. The provider has recommended the continuation of Gralise, Norco, and Ketoprofen. It is noted that Norco helped reduce the pain by 50%. The provider is recommending a functional restorative program (FRP) visit once a week for 10 weeks to help consolidate the injured worker's activity level of function and training that she will learn from the FRP as well as behavioral changes. Utilization review dated September 23, 2014 reveals that the injured worker was not certified for a functional restoration program due to lack of documentation of any psychological factors in the case due to lack of a detailed physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Functional Restoration Program Sessions after Care, 1 Time Weekly for 8 Weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 30-34.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Functional Restoration Programs

**Decision rationale:** Pursuant to the Official Disability Guidelines, Functional Restoration Program after care, one-time weekly for eight weeks for eight sessions is not medically necessary. Functional Restoration Programs (FRP) is recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRP's were designed to using medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Incorporate compliments of exercise progression. The treating physician now documents in the medical record that the injured worker requires post-functional restoration program visits once per week for 10 visits to consolidate level of function and training learned in the FRP. The injured worker completed the FRP and has been well versed in an exercise program that can be performed in a home setting. There are no compelling clinical facts in the medical record indicating aftercare treatment is required. Consequently, 8 Functional Restoration Program Sessions after Care, 1 Time Weekly for 8 Weeks is not medically necessary.