MAXIMUS Federal Services

| Case Number: | CM14-0098039 | | |
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| Date Assigned: | 07/28/2014 | Date of Injury: | 01/15/2012 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

## 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 Occupational 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 applicant is a represented [redacted]., employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; work restrictions; earlier humeral fracture ORIF surgery; and subsequent hardware removal under anesthesia. In a June 9, 2014, progress note, the claims administrator denied a request for a onetime multidisciplinary functional restoration program. The claims administrator suggested that the applicant was working modified duty. Overall rationale was very difficult to follow, employed outline format, and contained very little in the way of narrative commentary. In a May 29, 2014, progress note, the applicant reported multifocal elbow, shoulder, knee, and hand pain, reportedly associated with repetitive motion. The applicant was working on a part-time basis. The applicant was using Restoril, Elavil, Motrin, Menthoderm, and Percocet. The applicant had reportedly discontinued Cymbalta. The applicant was reportedly not interested in any alternative therapies. The applicant did have issues with reactive depression, it was acknowledged. The applicant declined further interventional spine procedures. The attending provider stated that the applicant did not smoke, did not have any disputes with her employer, and was highly motivated to pursue the functional restoration program. The attending provider stated that the applicant wanted to return to full-time work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One-time multidisciplinary functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program includes evidence that an applicant has a significant loss of ability to function independently resulting from chronic pain. In this case, however, the applicant has returned to part-time modified work. There is no clear evidence of significant loss of ability to function associated with the applicant's chronic pain issues. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another criteria for pursuit of a chronic pain program is evidence that previous methods in treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, it is not clearly stated why the applicant cannot continue her rehabilitation through time, medications, physical therapy, home exercises, psychological counseling, and/or other lesser levels of care. It is not readily evident or apparent why further rehabilitation has to take place through the chronic pain program/functional restoration program at issue. Therefore, the request is not medically necessary.