

<b>Case Number:</b>	CM14-0172877		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	02/28/2002
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/10/2014
<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 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 53-year-old female with date of injury of 02/28/2002. The treating physician's listed diagnoses from 07/25/2014 are: 1. History of lumbar spine surgery. 2. Pain throughout her body, rule out fibromyalgia. According to this report, the patient complains of pain in her head, neck, upper back, lower back, shoulders, bilateral hips, and knees. She states that she has some level of pain at all times. The pain is made worse by walking or any type of household chores. The patient currently takes Gabapentin and Diclofenac. The examination shows normal spinal curves without any scoliosis. Range of motion in the cervical spine is within normal limits. Lumbar spine range of motion was limited to 45 degrees, extension 5 degrees and painful, lateral tilt was limited by 50% bilaterally. Reflexes, sensory, and motor examination in the upper and lower extremities were within normal limits and symmetrical. She had pain throughout her cervical paraspinal muscles, shoulders, bilateral costochondral junction of the sternum. The patient reports bilateral greater trochanteric pain, bilateral knee pain, and bilateral calf pain. Range of motion of the shoulders, elbows, wrists, hips, knees, and ankles is within normal limits. The documents include an FRP evaluation from 09/09/2014, chiropractic treatment report from 03/04/2014 and 03/25/2014, acupuncture report from 03/27/2014, and progress reports from 07/25/2014 to 10/01/2014. The utilization review denied the request on 10/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient [REDACTED] functional Restoration Program times 160 hours:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs (functional restoration programs).

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

**Decision rationale:** This patient presents with head, neck, upper back, lower back, shoulders, bilateral hips, and knee pain. The physician is requesting for an Outpatient [REDACTED] Functional Restoration Program x160 hours. The MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The records do not show that the patient has participated in a Functional Restoration Program in the past. The patient has utilized acupuncture treatments, chiropractic treatments, physical therapy, medication treatments, TENS unit with some good response. The FRP evaluation from 09/09/2014 shows that the patient continues to complain of pain in the head, neck, upper and lower back as well as pain in the shoulders, bilateral hips, and knees. Her pain in the lower back radiates into the bilateral lower extremities. Neurologic exam is grossly intact. Strength is grossly full in the bilateral upper and lower extremities. Gait is grossly nonantalgic and characterized by adequate fluid cadence with adequate toe-off and heel strike. The patient complains that her chronic pain symptoms have negatively impacted her ability to perform activities of daily living. She reports significant depression which exacerbates her pain and dysfunction and makes it difficult for her to utilize active self-care strategies. Her anxiety has also contributed to her fear of movement inhibiting her physical rehabilitation. She also states that her pain affects her daily functioning including housekeeping, family visits, cooking, yard work, sexual function, driving, ability to attend a mosque, and ability to work and enjoy hobbies. The physician notes that the patient lacks the knowledge regarding body mechanics and ergonomics so she can function more efficiently. The patient would very much like to improve her functional abilities and pain management skills so that she can return to gainful employment and increase her engagement with work, her family, community, and life more generally. She expresses an interest in learning ways to deal with her chronic pain more effectively and is interested in becoming more empowered in self-managing her pain. The patient feels that she is not making adequate progress with her current level of care, and she has clearly failed conservative treatments to date. Given that the physician has discussed the criteria required by the MTUS for admission to a Functional Restoration Program and the requested 160 hours are within guidelines, the request is considered medically necessary.