

<b>Case Number:</b>	CM14-0201134		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab 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:

This 56 year-old patient sustained an injury on 7/1/12 while employed by [REDACTED]. Request(s) under consideration include Functional Restoration Program. Diagnoses include cervical strain/disc injury s/p C4-6 fusion on 9/12/13 and Myofascial pain syndrome. Conservative care has included medications, therapy, diagnostics, pain management, and modified activities/rest. Report of 10/22/14 from the provider noted chronic ongoing constant right neck and shoulder pain with radiation from neck to right shoulder with associated numbness and tingling in the right hand along with weakness of the upper extremity. Exam showed unchanged findings of cervical spine limited motion; spasm, tenderness with myofascial trigger points. Treatment plan included electro-acupuncture with infrared; myofascial release therapy, and functional restoration evaluation. The acupuncture/myofascial release treatment was authorized. The request(s) for Functional Restoration Program was non-certified on 11/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs; Functional Restoration Programs Page(s): 30-34, 49.

**Decision rationale:** According to the medical records, it is unclear why the patient requires a Functional Restoration Program evaluation at this time. The patient continues to treat with new request for acupuncture and myofascial release therapy recently authorized. There is no documented failed conservative trial. The clinical exam findings remain unchanged and there is no documentation of limiting ADL functions or significant loss of ability to function independently resulting from the chronic pain. Per MTUS Chronic Pain Treatment Guidelines, criteria are not met. At a minimum, there should be appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above nor is there identified psychological or functional inability for objective gains and measurable improvement requiring a functional restoration evaluation. The Functional Restoration Program is not medically necessary and appropriate.