

<b>Case Number:</b>	CM14-0201812		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/30/2014
<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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 57-year-old male with a date of injury of July 15, 2013. The mechanism of injury was a motor vehicle accident. Per AME of August 7, 2014 he was driving a produce truck and was struck on the driver's side at a moderate speed. He reported chest pain, upper abdominal pain, neck pain and low back pain. There was also some left elbow pain. The clinical impression was a contusion of the lower back, chest wall and left elbow. He also had cervical strain and lumbar strain. A CT of the chest, abdomen, and pelvis dated 7/15/2013 was negative for trauma. The elbow x-ray was also negative. A CT of the cervical spine revealed mild degenerative disc arthropathy and facet arthropathy. On 7/18/13 his diagnosis was low back pain, chest wall contusion and left elbow strain. On 8/14/13 the low back pain was radiating down the left lower extremity to the foot with weakness. He also had neck pain and left shoulder pain radiating down to the elbow. The medical history was positive for diabetes, hyperlipidemia, and a fatty liver. He was treated with physical therapy and medications. An MR arthrogram of the left shoulder was performed on 9/4/2013. This showed a fracture of the greater tuberosity and a fracture of the body of the acromion with mild edema. A full-thickness tear of the supraspinatus tendon was also noted. An MRI scan of the lumbar spine dated 9/4/2013 revealed grade 1 anterolisthesis at L4-5 with 2 mm disc bulge and moderate/severe central canal narrowing and moderate to moderate/severe neural foraminal narrowing. He had left shoulder surgery on 2/12/2014. He was sent for more physical therapy. He was also told he needed a left carpal tunnel surgery. He complains of constant aching neck pain and low level left shoulder pain that radiates down the arm. He has intermittent left hand numbness. The diagnoses include cervical spondylosis, lumbar spondylosis, left lateral epicondylitis, left carpal tunnel syndrome, chronic pain syndrome, diabetes, hypertension, exogenous obesity status post gastric bypass surgery and ongoing left shoulder dysfunction. He had an MRI of the brain on 8/30/2013 that

showed a 3-4 mm old lacunar infarct of the left lentiform nucleus. A psychological pain assessment performed was suggestive of exaggeration of symptoms. A follow-up on September 23, 2014 indicated the presence of issues associated with carpal tunnel condition and he was felt to be a candidate for left carpal tunnel release. A QME in the past also suggested carpal tunnel release surgery. A request for a functional restoration program over 6 weeks for the left shoulder cervical spine and lumbar spine was noncertified as it was felt by his physical medicine and rehabilitation physician that a functional restoration program could be a consideration after the issues associated with carpal tunnel syndrome were resolved.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Functional Restoration Program Over 6 Weeks for The Left Shoulder and Cervical Spine and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRPs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

**Decision rationale:** California MTUS guidelines indicate functional restoration program's are designed to use medically directed interdisciplinary pain management approach to patients with chronic disabling occupational disorders such as low back pain.. These programs emphasize the importance of function over pain elimination. These programs incorporate components of exercise progression with disability management and psychosocial intervention. It reduces pain and improves the function of patients with low back pain. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of objective gains. The issues here pertain to ongoing problems with the neck and shoulder as well as carpal tunnel syndrome which need to be resolved prior to the functional restoration program for the lower back. Guidelines do not suggest treatment for the neck or shoulder. The treatment as requested is for the neck and shoulder in addition to the lower back. Furthermore, treatment over 6 weeks as requested is not consistent with the guidelines which do not recommend treatment beyond 2 weeks without evidence of objective benefit. As such, the request for a functional benefit program as specified is not supported and the medical necessity of the request is not substantiated.