MAXIMUS Federal Services

| Case Number: | CM14-0206970 | | |
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| Date Assigned: | 12/18/2014 | Date of Injury: | 07/09/2013 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

## 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, 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 34 year old female with the injury date of 07/09/13. Per physician's one report 11/20/14, the patient has neck and right shoulder pain. MRI of the cervical spine 12/16/13 demonstrates 1) Ac C4-5 and C5-6, 1-2mm disc osteophyte complexes with mild central canal narrowing at the level of the disc space 2) superimposed congenital narrowing of the spinal canal on a developmental basis 3) neural foraminal. MRI of the right shoulder 10/26/13 reveals tendinosis of the supraspinatus and infraspinatus. The patient is currently taking Tramadol, Diclofenac sodium and Pantoprazole-protonix. The lists of diagnosis are:1) Cervical spondylosis without myelopathy2) Neck pain 3) Syndrome cervicobrachial 4) Syndrome cervicocranial The utilization review determination being challenged is dated on 12/03/14. One treatment report was provided on 11/20/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Five (5) aftercare sessions of FRP (functional restoration program):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

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

**Decision rationale:** The patient presents with pain in her neck and right shoulder. The request is for 5 aftercare sessions of functional restoration program. The utilization review letter 12/03/14 indicates that the patient has completed 160 hours of functional restoration program in the past. The MTUS guidelines page 49 recommends functional restoration programs (FRP) and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. In this case, the treater asks for functional restoration program, but does not indicate why it is needed at this point and what can be accomplished with additional FRP. There is no documentation how the patient has benefited from the previous FRP. The treater does not discuss what more is to be accomplished with additional FRP. Furthermore, the patient has completed 160 hours of FRP what is allowed per MTUS. The request is not medically necessary.