

<b>Case Number:</b>	CM14-0077222		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Internal 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 injured worker (IW) is a 58-year-old man with a date of injury of May 22, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar spine sprain/strain with radiculopathy; lumbar spine disc desiccation; lumbar spine hemangioma; right shoulder sprain/strain; right shoulder impingement; right shoulder osteoarthritis, right shoulder tendinosis; right shoulder labral tear; right shoulder effusion; myospasms; and gastritis. Pursuant to the progress note dated March 26, 2014, the IW complains of right shoulder pain, and low back pain. He notes radiation of the low back pain to the right groin with occasional numbness and tingling in the right thigh. The pain increases with prolonged sitting and decreases with rest. The IW reports his pain is well controlled with medications. He reports that therapy and acupuncture helped to decrease his pain; unfortunately, he has not been able to attend too many therapy sessions due to his work schedule. The provider also indicates that the IW has not been able to see the orthopedic surgeon or that pain management specialist and has not commenced the shockwave therapy. Physical examination reveals tenderness to palpation with spasms of the right paraspinal muscles and sacroiliac joint. He has limited range of motion secondary to pain. Sensation is intact to the bilateral lower extremities. There is tenderness to palpation with spasms of the right upper trapezius muscles and tenderness to palpation of the GH and AC joints. The treatment plan includes request for functional restoration at 1 times a week for the next 6 weeks. The provider states that due to the injured worker's limited availability for chiropractic treatment and supervised physiotherapy, a request for TENS unit as well as a hot and cold pack/wrap or thermal combo unit will also be requested. The current request is for a supervised functional restoration program (FRP) 1 time a week for 6 weeks, lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Supervised functional restoration program 1x6wks- Lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Functional Restoration Program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, supervised functional restoration program one time per week for six weeks of the lumbar spine is not medically necessary. Functional restoration programs are a type of treatment included in the category of interdisciplinary pain programs (see chronic pain programs). The guidelines provide the criteria for general use of multidisciplinary pain management programs. Components for interdisciplinary care include physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training and education. The criteria include, but are not limited to, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains; etc. See guidelines for additional details. In this case, the injured worker is 58 years old with a date of injury May 2, 2012. Progress note dated November 21, 2013 indicates the treating physician was going to return the injured worker to modified duty. The functional restoration program was requested March 26, 2014. Additional physical therapy and acupuncture was authorized, however, the injured worker was unable to attend because of his work schedule. The treating physician discussed an alternative with a TENS unit in place of acupuncture and physical therapy. The criteria for functional restoration programs include, in part, treatment for chronic pain has been unsuccessful. Treatment was in progress, however, the injured worker was unable to attend due to his work schedule. Moreover, as noted, the injured worker was back at work. Additional workup was in progress including an orthopedic consultation and a pain management consultation. The criteria for a supervised functional restoration program were not met and, consequently, a supervised the Functional Restoration Program one time per week for six weeks to the lumbar is not medically necessary.