

<b>Case Number:</b>	CM15-0006093		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 27-year-old AIG beneficiary who has filed a claim for chronic neck, elbow, shoulder, hand, and wrist pain reportedly associated with an industrial injury of January 13, 2014. In a utilization review report dated December 10, 2014, the claims administrator failed to approve a request for a functional restoration program. The applicant's attorney subsequently appealed. In an October 13, 2014 interdisciplinary evaluation, the applicant reported issues with chronic neck, elbow, shoulder, and wrist pain. The applicant had reportedly received physical therapy, acupuncture, and medications over the course of the claim. The applicant stated that she had not improved over the preceding six months. The applicant stated that she was fearful. The applicant was currently working at a rate of 40 hours a week, it was acknowledged in one section of the note. In another section of the note, it was stated that the applicant was "on disability." Yet, another section of the note stated that the applicant had taken a new position as a pharmaceutical sales representative. Ongoing complaints of neck and shoulder pain were reported. The applicant did have superimposed issues with depression, anxiety, psychological stress, and panic attacks, it was noted. Treatment via a functional restoration program was proposed. The applicant's medication list was not detailed. The applicant's medication list was likewise not detailed on earlier progress notes of October 24, 2014, October 27, 2014, and September 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two week trial of a functional restoration program or the equivalent in eighty part-time hours:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the proposed functional restoration program - two-week trial, was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a chronic pain program and functional restoration program is evidence that an applicant has a significant loss of ability to function independently resulting from chronic pain. Here, however, the functional restoration program evaluation of October 13, 2014, did suggest, in at least two sections of the note that the applicant was working on a full-time basis, 40 hours a week, in the pharmaceutical sales industry. It does not appear, thus, that the applicant has sustained a significant loss of ability to function associated with her chronic pain complaints. Another criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a chronic pain program or functional restoration program is evidence that there is an absence of other treatment options likely to result in a significant clinical improvement. Here, many of the applicant's issues are mental health and/or depression-related. It does not appear that the applicant has had much in the way of treatment for her mental health issues. It does not appear that the applicant had been given psychotropic medications and psychological counseling prior to the request for the functional restoration program at issue. Therefore, the request was not medically necessary.