

<b>Case Number:</b>	CM15-0106152		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	05/19/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old male, who sustained an industrial injury on 05/19/2013. He has reported injury to the neck and right shoulder. The diagnoses have included neck sprain and strain; cervical radiculopathy; and chronic pain syndrome involving the right upper extremity. Treatment to date has included medications, diagnostics, cervical trans laminar epidural injection, home exercise program, and physical therapy. Medications have included Norco, Lyrica, and Ibuprofen. A progress report from the treating physician, dated 04/02/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued chronic neck pain and right upper extremity pain; pain is rated at 7-8/10 on the visual analog scale; he continues to take Norco 6 tablets daily which provides him with 100% pain relief; the Lyrica helps to reduce the neuropathic pain by 50%; and the medications enable him to perform activities of daily living including attending classes in the evening. Objective findings included appears in mild to moderate discomfort and anxious; he is guarding the right upper extremity; cervical range of motion is limited in all planes; moderate right greater than left-sided cervical paraspinal muscle tenderness; diminished light touch sensation over digits 4 and 5 of the right hand; right grip strength is 4/5; right hand is cool to touch compared to the left; and skin integrity is intact. The treatment plan has included the request for 10 sessions of functional restoration program (5 times a week for 2 weeks) for cervical and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 sessions functional restoration program (5 times a week for 2 weeks) for cervical and right shoulder:** 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 Page(s): 49.

**Decision rationale:** This patient presents with chronic neck and right shoulder pain, rated 7-8/10. The request is for 10 sessions of FRP for cervical spine and right shoulder. The treater states the request was sent in error and his intention is to request a functional restoration program evaluation. There is no RFA provided and the date of injury is 05/19/13. The diagnoses have included neck sprain and strain; cervical radiculopathy; and chronic pain syndrome involving the right upper extremity. Per 04/02/15 report, physical examination to the cervical spine revealed tenderness to palpation and decreased range of motion, in all planes. There are no exam findings provided for the right shoulder. Treatment to date has included medications, diagnostics, cervical translaminal epidural injection, home exercise program, and physical therapy. Medications have included Norco, Lyrica, and Ibuprofen. The patient is permanent and stationary. The MTUS guidelines pg. 49 recommends functional restoration programs 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. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." 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 patient has had persistent chronic pain for 2 years and the requested evaluation to determine the patient's candidacy for functional restoration program appears reasonable. However, the request as stated is for functional restoration program itself. Without an evaluation determining the patient's candidacy, the program would not be indicated. There are no discussion regarding the necessary criteria. The request for functional restoration program is not medically necessary.