

<b>Case Number:</b>	CM15-0138674		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: 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:

This injured worker is a 36 year-old female who reported an industrial injury on 4/9/2012. Her diagnoses, and or impression, were noted to include: right reflex sympathetic dystrophy upper limb; chronic regional pain syndrome, status-post right medial elbow surgery and carpal tunnel release; De Quervain's tenosynovitis; and chronic opioid management. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include: diagnostic studies; an agreed medical examination; physical therapy; medication management; and rest from work. The progress notes of 6/16/2015 reported increased pain. Objective findings were noted to include: obesity; no acute distress; positive swelling, allodynia, and decreased motor strength and grip strength in the right upper extremity; and non-compliance with taking her Norco, with scheduling her stellate ganglion block injection, and with fully participating in a previous attempt to schedule a Functional Capacity Evaluation due to her pain. The physician's requests for treatments were noted to include a Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Chronic Pain Programs (Functional Restoration Programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs), Functional Restoration Programs (FRPs) Page(s): 30-34, 49.

**Decision rationale:** The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, it does not appear that the injured worker has exhausted all efforts at conservative treatment. She has been approved for stellate ganglion block injections but has not yet received them. In addition, she has been unable to complete attempts at a functional restoration program in the past and does not appear to be a motivated candidate for the program. The request for Functional Restoration Program is determined to not be medically necessary.