

<b>Case Number:</b>	CM15-0148772		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Pain Management

### 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 male who sustained an industrial injury on 05/07/2012. According to the Supplemental Agreed Medical Exam of 02/25/2015, the worker suffered a crush injury to the left chest. The injured worker was diagnosed as having: Sprain sacroiliac (right), Lumbar Facet Syndrome (right), Subacromial bursitis, Myofascial Pain Syndrome, Contusion of Ankle (left). Treatment to date has included MRI, work restrictions, and medications. The injured worker complains of chronic low back pain constantly radiating to the leg with varied intensity. He reports the pain as hot and burning radiating to his right toes. He reports cold sessions to touch and frequent cramping of right hamstring. Medications include Ibuprofen 600mg as needed Gralise 600 mg once daily. In the 02-25-2015 Primary Treating Physician's Progress Report (PR-2), it was noted that the worker had 15 sessions authorized for a Functional Rehabilitation Program (FRP). The worker at that time had the sessions on hold awaiting the possible addition of the right shoulder SLAP (superior labrum anterior posterior) tear to his claim. In the PR-2 of July 14, 2015, only the chronic pain in the lumbar spine was addressed for his chief complaint of low back pain and leg pains. He is taking his medications as prescribed and states the medications are working well without side-effects. The pressure in his chest is intermittent. His shoulder pain is rated as a 5 on a scale of 0-10, but is considered non-industrial. He walks 10 blocks daily and can perform activities of daily living without pain. He does home exercise. His symptoms are unchanged. The worker states he is ready to schedule the FRP evaluation. The treatment plan is to request authorization extension for the Functional Rehabilitation Program. It is noted in the 07-14-2015 PR-2 that his FRP authorization expired in

01/2015 while awaiting the AME to address his right shoulder SLAP tear. A request for authorization was submitted for a 16 Day Trial Functional Restoration Program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **16 Day Trial 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 Page(s): 30-34 and 49.

**Decision rationale:** Regarding the request for a 16 Day Trial Functional Restoration Program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Additionally, it is unclear what is intended to be treated with the functional restoration program. The patient is reported as having severe shoulder pain, and it does not appear that all conservative treatment directed towards that area has failed, due to lack of work relatedness. If the shoulder is intended to be treated in the functional restoration program, it seems reasonable to exhaust conservative treatment options for that body part, whether or not it is work-related, prior to embarking on a functional restoration program. In the absence of clarity regarding the above issues, the currently requested 16 Day Trial Functional Restoration Program is not medically necessary.