

Case Number:	CM15-0163375		
Date Assigned:	08/31/2015	Date of Injury:	07/01/2010
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old female who sustained an industrial injury on 7-1-10. According to the Functional Restoration Program Initial Evaluation, dated 7-9-15, the injured worker's injuries were cumulative injuries of chronic neck, right wrist, and left upper extremity pain. She was diagnosed with carpal tunnel syndrome and underwent physical therapy. She ultimately had an MRI of the cervical spine due to ongoing neck pain which revealed "mild to moderate multilevel spondylitic changes centering around C6-C6 with a trace 1 millimeter retrolisthesis". She did not appear to be a candidate for spinal surgery. She developed progressive worsening pain in her right wrist and "told to primarily utilize her left upper extremity for most tasks". As she used the left upper extremity, she developed progressively worsening pain of the left side of her neck, upper back and left shoulder. An MRI of the left shoulder was done, which suggested rotator cuff tendinopathy, biceps tendinopathy, and adhesive capsulitis. She was considered to have a "frozen shoulder". She underwent electrodiagnostic studies, which showed cervical radiculopathy. She was also diagnosed with bilateral carpal tunnel syndrome. She underwent a cervical epidural steroid injection, but had complications, including post-puncture headache with continued ongoing residual left sided neck pain and base of the head pain. She refused further injection therapy. She was referred to a neurologist due to her ongoing symptoms. The consideration was that she had low cerebrospinal fluid due to the epidural steroid injection. An MRI of the brain was completed in December 2012. "No gross abnormalities" were found. She underwent more physical therapy, which was noted to be "helpful" in improving her posture, although she continued to have ongoing painful

symptoms in the neck and upper back. She made the decision to seek "different care". She was referred to another provider, who recommended participation in a functional restoration program. She was also referred for acupuncture therapy. On the 7-9-15 examination, she was noted to report ongoing pain in the neck, affecting the left side more than the right. She reported the pain radiated into the occipital region on the left, as well as into the upper back along the trapezius and medial border of the scapula. Her diagnoses included cervical spondylosis, myofascial pain in the neck and upper back, left shoulder adhesive capsulitis with range of motion restrictions, mild bilateral carpal tunnel syndrome, repetitive strain injury of both upper extremities, chronic pain syndrome, and reactive depression. On 7-16-15, she presented to the pain management office for a follow-up visit. She reported increasing pain in her neck. She indicated that acupuncture was helpful and requested a continuation of acupuncture treatment. The report indicates that she was authorized for the functional restoration program, which was completed. She was recommended for the program. Authorization is pending. The treatment plan was to continue with her "alternative treatments" while awaiting authorization for the functional restoration program. The program was denied on 7-22-15. Of note, a provider request for reconsideration, dated 7-27-15, is available in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours at NCFRP: 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): 30-33.

Decision rationale: According to the guidelines, 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. The claimant's history and desire to improve as well as failing other prior conservative measures, the request for functional restoration program is appropriate. However, the guidelines allow for a trial of 10 sessions which would be far less than 160 hours requested. As a result, the amount of FRP requested is not medically necessary.