

<b>Case Number:</b>	CM15-0164450		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 48 year old male who sustained an industrial injury on 05-01-2013. The injured worker was diagnosed with complex regional pain syndrome of the right upper extremity, cervical degenerative disc disease, cervical radiculopathy, cervical stenosis, cervical spondylosis, partial supraspinatus rotator cuff tear, impingement syndrome and rotator cuff tendonitis. No surgical interventions were documented. Treatment to date has included diagnostic testing, steroid injections, transcutaneous electrical nerve stimulation (TEN's) unit, physical therapy, splinting, current enrollment in a functional restoration program (FRP) and medications. According to the primary treating physician's progress report on August 19, 2015, the injured worker has completed 6 weeks of the functional restoration program (FRP) and it has helped the management of his chronic pain symptoms. The injured worker reported he continues to have pain nearly the same level as before and remains on the same medications. Without pain medications the injured worker rates his pain level at 10 out of 10 on the pain scale and would be unable to function. Examination demonstrated hypertonicity of the neck, right side greater than left side, with tenderness to palpation of the shoulder girdle into both hands with forward flexion. Range of motion was documented as flexion and extension at 50 degrees each, left lateral bending at 15 degrees, right lateral bending at 30 degrees and bilateral rotation at 60 degrees each. The right shoulder demonstrated severe pain with range of motion and increased tremor of the right arm. Flexion was documented at 160 degrees, extension at 20 degrees, abduction at 140 degrees, adduction at 30 degrees, internal rotation at 60 degrees and external rotation at 80 degrees. Right elbow evaluation noted slightly decreased allodynia and increased pain and

tremors with range of motion. Right elbow supination was 140 degrees. There was mild right hand and wrist swelling and slightly reduced allodynia. Grip strength and range of motion of the right wrist and hand was decreased. Current medications were listed as Butrans patch, Norco 10mg-325mg (reduced recently to 7.5mg-325mg for breakthrough pain), Lyrica and Okane topical medication. Treatment plan consists of Tegaderm to cover the Butrans patch, Saunders cervical traction unit and the current request for functional restoration program (FRP) which started on July 6, 2015 and ends on August 14, 2015.

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

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

**Functional restoration program per 7/24/15 order #160: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-9.

**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. In this case, the claimant had already undergone prior FRP. There was no indication of surgical deferral. The claimant was undergoing therapy and making improvement. The amount of addition FRP exceeds the guideline recommendations and is not medically necessary.