

<b>Case Number:</b>	CM15-0185735		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 41 year old female, who sustained an industrial injury on 04-11-2011. She has reported subsequent neck, back, shoulder, arm elbow, wrist and hand pain and was diagnosed with cervicgia, cervical disc degeneration, carpal tunnel syndrome and opioid dependence. Treatment to date has included pain medication, chiropractic therapy, physical therapy, surgery and acupuncture treatment. Chiropractic treatment provided moderate pain relief and all other measures were noted to have failed to significantly relieve the pain. In a progress note dated 07-24-2015, the injured worker reported head, neck, upper back, mid back, bilateral shoulder, bilateral arm, bilateral elbow, bilateral wrist and bilateral hand pain associated with tingling, numbness and weakness in both arms and hands that was rated as 8 out of 10, 7 at best and 10 at worst. The injured worker noted that symptoms were worsening and that she could only walk half a block before having to stop because of pain. The injured worker was noted to avoid going to work, socializing with friends, exercising, performing household chores and driving and struggled with self-care activities due to pain. The injured worker also reported wheezing, shortness of breath, sexual dysfunction, abdominal pain, heartburn, nausea, vomiting, constipation, dizziness, drowsiness, difficulty falling asleep, daytime fatigue and depression. Objective examination findings showed an outwardly depressed appearance, decreased range of motion of the lumbar spine, tenderness to palpation over the superior trapezius, levator scapulae and rhomboids, and lumbar paraspinal muscles, positive lumbar facet loading maneuver bilaterally, decrease range of motion of the shoulder with tenderness to palpation over the anterior, lateral and posterior aspects, decreased motor strength of the right shoulder and

decreased grip strength of the right upper extremity. The physician noted that the injured worker had failed all medical treatment options, remained functionally impaired and there were no surgical options available at that time. The physician recommended a one-time multi-disciplinary evaluation to further evaluate and quantify the injured worker's functional deficits and determined whether she was an appropriate candidate for functional restoration program. The injured worker was noted to have been working since 2012 and was not receiving any disability benefits. A request for authorization of outpatient multidisciplinary evaluation to include medical team conference; psychological team conference and physical therapy team conference was submitted. As per the 08-27-2015 utilization review, the aforementioned request was non-certified.

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

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

**Outpatient multidisciplinary evaluation to include medical team conference; psychological team conference and physical therapy team conference:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The patient presents with pain in the head, neck, upper back, mid back, both shoulders, both arms, both elbows, both wrists and both hands. The request is for Outpatient multidisciplinary evaluation to include medical team conference; psychological team conference and physical therapy team conference. The request for authorization is dated 08/20/15. Patient's diagnoses include cervicgia, carpal tunnel syndrome, and opioid dependence. Physical examination of the cervical spine reveals decreased range of motion. There is tenderness to palpation over the bilateral superior trapezius, levator scapulae and rhomboids. Exam of lumbar spine reveals decreased range of motion. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. There is positive lumbar facet loading maneuver bilaterally. Exam of right shoulder reveals decreased range of motion. There is tenderness to palpation over the anterior, lateral and posterior aspects of the shoulder. Patient's medications include Methadone, Carafate, Sudafed, Albuterol, Flonase, and Dulera. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition." MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated 07/24/15, treater's reason for the request is "to further evaluate and quantify the patient's functional deficits and to determine whether the patient is an appropriate candidate for participation in a functional restoration program." Given the patient's persistent, chronic symptoms, and support from MTUS for Functional Restoration Program, an Evaluation to determine the patient's candidacy is reasonable. Therefore, the request is medically necessary.



