

<b>Case Number:</b>	CM15-0188622		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 46 year old female, who sustained an industrial injury on 11-28-11. The injured worker is being treated for unspecified back disorder, cervical radiculopathy, pain in thoracic spine, lumbago, thoracic-lumbosacral neuritis-radiculitis, shoulder tenosynovitis, medial epicondylitis of elbow, injury to ulnar nerve and carpal tunnel syndrome. Treatment to date has included psych therapy, pain management, oral medications including Naproxen 550, Prilosec 20mg and Orphenadrine ER 100mg and activity modifications. On 5-28-15, the injured worker reports "pain level rated 8-9 out of 10 with decreased range of motion since last visit, strength unchanged since last visit, physical therapy is on hold and injections were recommended by pain management but not given yet." She was not working at the time of the exam. Physical exam performed on 5-28-15 revealed tenderness on palpation of neck with restricted range of motion, left shoulder abnormal range of motion, abnormal range of motion of thoracic spine and abnormal range of motion of lumbar spine with tenderness over paraspinal area bilaterally to palpation. A request for authorization was submitted dated 9-9-15 for outpatient evaluation and screening for admission functional restoration-chronic pain program. On 9-16-15 a request for outpatient evaluation and screening for admission functional restoration-chronic pain program was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and screening for admission to functional restoration /chronic pain program:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with neck and back pain. The request is for Evaluation and screening for admission to functional restoration /chronic pain program. The request for authorization is dated 09/09/15. Physical examination of the cervical spine reveals tenderness to palpation. Positive Phalen's and Tinel's. Exam of lumbar spine reveals tender over paraspinal area bilaterally to palpation. SLR is positive bilaterally. Patient's medications include Naproxen, Zanaflex, Medrox, Anaprox, and Compounded Creams. Per progress report dated 03/06/15, the patient is to remain off-work. 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 05/28/15, treater's reason for the request is "patient has been treated conservatively and still has chronic pain, functional deficits, and cannot return to work. Surgery is not an option at this time." 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.