

<b>Case Number:</b>	CM15-0196722		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 is a 42 year old female, who sustained an industrial injury on 10-08-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, lumbar radiculopathy, and rotator cuff disorder. Medical records (05-14-2015 to 09-09-2015) indicate ongoing low back pain. Pain levels were rated 5-9 out of 10 on a visual analog scale (VAS). Records also indicate increased difficulty with activities of daily living. Per the treating physician's progress report (PR), the IW was able to return to work with restrictions. The physical exam, dated 09-09-2015, revealed tenderness and spasms in the lumbar paravertebral muscles, tight muscle bands and trigger points bilaterally, facet joint tenderness at L4 & L5, positive facet loading on the left side, positive straight leg raises bilaterally, positive Hawkin's, Jobe's, Speed's and Yergason's test of the left shoulder, tenderness over the acromioclavicular (AC) joint, biceps groove and subdeltoid bursa, tenderness over the periscapular, Rhomboids and trapezius muscles, decreased strength in the left shoulder, and sensation over the medial calves bilaterally. Relevant treatments have included: chiropractic treatments, physical therapy, acupuncture, work restrictions, and pain medications. The request for authorization (09-11-2015) shows that the following service was requested: functional restoration program. The original utilization review (09-18-2015) non-certified the request for functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Chronic Pain Programs.

**Decision rationale:** With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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" (there are many of these outlined by the MTUS). Per the documentation submitted for review, it is noted that the provider has addressed negative predictors, the injured worker is not a candidate for surgery, and is an excellent FRP candidate because of anxiety about the future, difficulty with household chores, recreational activities, difficulty sleeping, difficulty with intimacy, frustration, and irritability. It was noted that she appears highly motivated and willing to forgo secondary gain. However, there was no evidence that a thorough evaluation including baseline functional testing has been made. As the criteria for FRP is not met, the request is not medically necessary.