

<b>Case Number:</b>	CM15-0198929		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: New Jersey

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 61 year old female who sustained an industrial injury on 7-10-12. The injured worker reported discomfort in the neck, back and bilateral hands. A review of the medical records indicates that the injured worker is undergoing treatments for thoracolumbar paraspinal strain, right fourth digit flexor tenosynovitis, left shoulder impingement syndrome. Medical records dated 9-4-15 indicate "significant loss of ability to function independently because of her pain." Provider documentation dated 8-11-15 noted the work status as permanent and stationary. Treatment has included status post bilateral carpal tunnel release, magnetic resonance imaging, functional restoration program, Psychological evaluation, rest, work modification, physical therapy, aquatic therapy, hand therapy, chiropractic treatments, injection therapy, Norco since at least August of 2015, Ibuprofen since at least August of 2015 and surgery. Objective findings dated 9-4-15 were notable for "high level of guarding and tension through her neck and shoulder girdles". The original utilization review (9-14-15) denied a request for FRP 5x6 bill wrist, thoracic, lumbar, cervical and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FRP 5x6 bill wrist, thoracic, lumbar, cervical and left shoulder: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved, requires individualized care plans, and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, there was some evidence to support the use of a functional restoration program, psychologically, previous failed treatments, and not being a candidate for surgery at this time. However, the request for 30 sessions exceeds the standard duration for the type of program requested, and up to two weeks of a trial with proof of success should precede any extension. Therefore, considering this, the request as written will be considered medically unnecessary at this time.