

<b>Case Number:</b>	CM15-0199471		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/11/2015
<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: California

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 53 year old female who reported an industrial injury on 9-17-2010. Her diagnoses, and or impressions, were noted to include chronic pain syndrome; bilateral carpal tunnel syndrome, status-post bilateral release surgery (2013); bilateral lateral epicondylitis; low back pain; and adjustment disorder due to pain. No current electrodiagnostic or imaging studies were noted; magnetic resonance imaging of the lumbar spine was said to be done on 10-10-2014 and 12-31-2012, and electrodiagnostic studies on 1-8-2013. Her treatments were noted to include: a qualified medical evaluation (QME) report with supplemental reports on 3-20-2015 & 6-15-2015; a psychology qualified medical examination on 5-11-2014; physical therapy - ineffective; medication management; and rest from work. The primary physician permanent and stationary report and pain management progress notes of 8-24-2015 reported: complaints of neck, upper-lower back, and bilateral arm pain; constant neck pain, rated 7 out of 10, with stiffness, and that radiated to both arms, that was worse in the morning and with stress; constant and severe non-radiating lower back pain with pins-needles; constant bilateral shoulder pain which limited range-of-motion, that was made worse with forward reaching and activities of daily living (ADL's); and bilateral hand pain with numbness-tingling, resulting in moderate difficulty with activities of ADL's. The objective findings were noted to include: decreased cervical and lumbar spine and Bilateral shoulder-elbow-wrist range-of-motion; decreased cervical and lumbosacral deep tendon reflexes; diminished sensation in lumbar 5 and sacral 1; positive bilateral straight leg raise, Speeds, Empty can, Hawkins-Kennedy, Appley's, Phalen's and modified Phalen's tests; decreased motor strength in the upper extremities and bilateral hips;

the QME recommendation for a multi-disciplinary pain program; a 38% whole person impairment rating; a functional capacity assessment for the purpose of determining the ability to return to regular work duties, with a result of "no"; and that she that she suffered from severe kinesiophobia (score of 66) which impacted her ADL's, and that Fear avoidance behaviors were strong predictors in the development of chronic pain. The physician's request for treatment was noted to include for her to have a chronic pain program-functional restoration program evaluation to assess if she was a candidate for such a program, also recommended by her QME. No Request for Authorization for a functional restoration program evaluation was noted in the medical records provided. The Utilization Review of 9-11-2015 non-certified the request for a functional restoration program evaluation.

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

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

#### **Functional Restoration Program Evaluation: Upheld**

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines, certain criteria should be met before recommendation to a program. It requires: 1) A functional baseline testing to measure baseline improvement. Fails criteria. While there is extensive psychological and physical exam documented, there is no documentation of baseline functional status. This may be considered under initial FRP session. 2) Failure of prior chronic pain treatment. Fails criteria. There is no proper documentation of prior chronic management plan or conservative therapy attempted prior to FRP request despite chronic progression of pathology. There is a lack of psychological treatment noted. 3) Loss of function due to pain. Fails criteria. Provider has failed to document objective measures concerning loss of function. While there is documentation of handgrip issues, it is unclear how it affects patient's functional status. 4) Not a candidate for surgery. Unclear criteria. Nothing is documented concerning whether any surgical measures may be beneficial. 5) Motivation to change. Fails criteria. Pt appears depressed and has no documented plans of returning to prior work. Depression should be treated prior to attempt of FRP. 6) Negative predictors for success have been addressed. Fails criteria. Patient appears to have some psychological issues that need to be addressed for maximal success of FRP. Patient has yet to fail conservative therapy and treatment of his psychological issues to recommend FRP. Functional Restoration Program is not medically necessary.