

<b>Case Number:</b>	CM15-0200043		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/10/1995
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Hawaii  
 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 61 year old female injured worker suffered an industrial injury on 12-10-1995. The diagnoses included complex regional pain syndrome right upper extremity, chronic pain syndrome, anxiety, depression, contractures of the right upper and lower extremities and deterioration of activities of daily living. On 9-1-2015 the comprehensive interdisciplinary pain management evaluation reported she should vigorously pursue the Functional Restoration Program to improve her overall function, endurance, flexibility, coping strategies, emotional stabilization, reduce her disability, increase her activities of daily living, learn cognitive-behavioral techniques for coping with pain and improving function. Based on the chronic pain, failed functional testing, de-conditioning syndrome, high psychosocial risk uncovered, severe reduction in activities of daily living, personal outlook and continued poor function of the right and upper and lower extremities and spine she would benefit from a multidisciplinary pain program-functional restoration program. Request for Authorization date was 9-1-2015 for 10 day trial. The Utilization Review on 10-12-2015 determined non-certification for Ten Functional Restoration Program. The provider notes requested a 10 day trial and not a 10 week trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten Functional Restoration Program:** Overturned

**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:** The patient presents with pain affecting the bilateral upper and lower extremities. The current request is for Ten Functional Restoration Program. The treating physician report dated 9/1/15 (28B) notes a request for a 10 day trial for a functional restoration program. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including a thorough evaluation; significant loss of function and chronic pain; not a candidate for surgery; is motivated to change and the negative predictors are addressed. In this case, the patient meets all of the necessary criteria for admission into a Functional Restoration program. Furthermore, the treating physician is requesting a ten day trial to determine the patient's compliance and response before requesting additional hours. The current request is medically necessary.