

<b>Case Number:</b>	CM15-0202038		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: 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 47 year old female who sustained an industrial injury on 11-28-11. A review of the medical records indicates she is undergoing treatment for unspecified back disorder, cervical radiculopathy, pain in the thoracic spine, lumbago, thoracic and lumbosacral neuritis and radiculitis, shoulder tenosynovitis, medial epicondylitis of the elbow, injury to ulnar nerve, and carpal tunnel syndrome. Medical records (5-28-15) indicate a pain level of "8-9 out of 10" and decreased range of motion "since last visit". Strength is noted to be "unchanged since last visit". Physical therapy is noted to be "on hold". The record indicates that she is not working. The physical exam reveals tenderness to palpation in the neck. Upper extremities are noted to have positive Phalen's and Tinel's signs. Numbness is noted in the left upper extremity. Range of motion is noted to be "abnormal" in the left shoulder, as is range of motion in the thoracic and lumbar spine. Tenderness is noted over the paraspinal area bilaterally. The straight leg raise is positive bilaterally. Treatment has included medications. The treatment plan is to continue medications. The treating provider states that she has "been treated conservatively and still has chronic pain, functional deficits, and cannot return to work". The provider indicates she is a candidate for a functional restoration (chronic pain) program. The utilization review (10-7-15) includes a request for authorization of an outpatient evaluation and screening for admissions functional restoration and chronic pain program. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient evaluation and screening times (1) for admissions functional restoration and chronic pain program:** 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).

**Decision rationale:** According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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. In this case, the medical records do not establish attempts at recent conservative treatment. The medical records noted that physical therapy has been on hold. The request for Outpatient evaluation and screening times (1) for admissions functional restoration and chronic pain program is not medically necessary or appropriate.