

<b>Case Number:</b>	CM15-0204428		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: 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 injured worker is a 44 year old female who sustained an industrial injury on 10-21-13. She is not working. The medical records indicate that he injured worker was being treated for depression; gastroesophageal reflux disease; headaches; lumbar disc disease; sleep disturbances; complex regional pain syndrome of the right upper extremity; right lower extremity complex regional pain syndrome; right hand crush injury. She currently (9-25-15) complains of right upper extremity pain. The pain is made worse with light touch, certain movements, and temperature changes. The 7-28-15 note indicates that she has chronic constant right hand pain secondary to complex regional pain syndrome. She has lost the ability to function independently as she has difficulty with repetitive gripping, grasping, pushing, pulling, and heavy lifting. Per the 7-28-15 note the injured worker exhibits motivation to change and is willing to forgo secondary gains to effect this change and would like to improve activity tolerance, core strength, mood, and sleep and medication optimization. The injured worker has undergone MRI of the right hand (5-23-14) showing scapholunate joint arthritis; electromyography-nerve conduction study of bilateral upper extremities (5-12-14) normal. Treatments to date included medication: tramadol, gabapentin (without benefit); sympathetic nerve blocks which were not effective; physical therapy without benefit; trial of spinal cord stimulation without benefit; cognitive behavioral therapy but continues to note depression she had an initial evaluation into the functional restoration program and was found to be a good candidate (per 9-25-15 note). The 7-29-15 note indicates that the injured worker would benefit from a multidisciplinary approach to management of her chronic pain. The request for authorization dated 9-18-15 was for functional restoration program #160 hours. On 9-25-15 Utilization Review non-certified the request for functional restoration program (right hand).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program for the right hand, quantity: 160 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The 44 year old patient complains of severe pain in the right upper extremity along with some pain in the right lower extremity and occasional left shoulder pain, as per progress report dated 08/28/15. The request is for Functional Restoration Program for the Right Hand, quantity: 160 hours. The RFA for this case is dated 09/18/15, and the patient's date of injury is 10/21/13. The patient's medical history also included lumbar disc disease, heart palpitations, depression, sleep disturbance, and headaches, as per progress report dated 08/28/15. The patient has been diagnosed with reflex sympathetic dystrophy and takes Tramadol for pain relief. The patient's work status has been documented as permanent and stationary, and her work restrictions include no use of right upper extremity, as per the same report. The MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs (FRPs) section, recommends the program and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part- day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." In this case, the recommendation for a functional restoration program is noted in pain management progress report dated 08/28/15. The treater states the patient would best be served in a multidisciplinary program at this point, and needs to improve function and activity level. As per Supplemental report dated 07/29/15, the patient has failed conservative care and is not a surgical candidate at this point. She is motivated to change and is willing to forgo secondary gains, including disability payments to effect this change. The treater also indicates that all the "negative predictors for success" have been addressed. The patient also underwent an initial evaluation for Functional Restoration Program on 09/08/15, and the documents available for review include detailed results and program goals. The Utilization Review denied the request as the "employee is reported to have previously attended a pain program. If accurate, participation in FRP is not

clinically indicated." As per appeal letter dated 09/28/15 (after the UR denial date) from the agency providing the FRP, the patient "has previously not undergone any functional restoration program." The letter also modified the request to 80 hours of FRP. In progress report dated 09/25/15 (after the UR denial date), the pain management specialist states that the patient underwent an evaluation for FRP and is a "good candidate" for the program. It is evident that the patient may benefit from a functional restoration program. MTUS, however, allows for "80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." Although the request has been modified to 80 hours in the appeal letter dated 09/28/15, the current request for review is for 160 hours. This exceeds the hours recommended by MTUS. Hence, the request is not medically necessary.