

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0209501 |                              |            |
| <b>Date Assigned:</b> | 10/28/2015   | <b>Date of Injury:</b>       | 01/15/2014 |
| <b>Decision Date:</b> | 12/14/2015   | <b>UR Denial Date:</b>       | 10/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2015 |

### 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:

The injured worker is a 30 year old female, who sustained an industrial injury on January 15, 2014. She reported the onset of back, neck and right upper extremity pain. The injured worker was diagnosed as having thoracic and cervical sprain. Treatment to date has included physical therapy with limited improvement, work restrictions, acupuncture with short term benefit, trigger point injections without significant benefit and diagnostic studies. Chiropractic treatment was noted to help relieve some of the cramping and spasm in the shoulders and trapezius but then it was reported to come back worse than before. On October 27, 2015, the injured worker complained of neck, shoulder and right upper extremity pain. She reported pain in the right trapezius and posterior shoulder along with spasm and muscle tension in that area. She had radiation of pain into the right upper extremity with tingling and numbness in the right hand digits. Previous physical examination notes indicated limited range of motion of the right shoulder. Paravertebral muscle examination of the right side showed tenderness, hypertonicity and trigger point on deep palpation. Trapezius muscle examination on the right side showed tenderness, hypertonicity and trigger point on deep palpation. Notes stated that her employer could not accommodate her work restrictions, so she had been off work since August 18, 2015. She exhausted "conservative treatment" and was noted to not be a surgical candidate. A recommendation was made for a multidisciplinary approach to management of chronic pain. A request was made for an initial evaluation for functional restoration program. On October 22, 2015, utilization review denied a request for initial functional restoration program evaluation.

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

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

**Initial functional restoration program evaluation:** 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:** As per MTUS Chronic pain guidelines, "There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes." Patient's pain is neck, upper back and shoulder. FRP is not proven to be beneficial. The request is not medically necessary.