

<b>Case Number:</b>	CM15-0020618		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: New York, West Virginia, Pennsylvania  
 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 36 year old male, who sustained an industrial injury on 2/8/14. The injured worker has complaints of low back pain and shoulder pain, left more than right with radiation to the neck. The diagnoses have included pain, neck; spondylosis without myelopathy and degenerative disc disease, C-spine. The documentation noted that is sounded like the injured worker had a steroid injection in the gluteus maximus and a trigger point injection of the trapezius, deltoid and biceps with some improvement lasting 1-2 days. Magnetic Resonance Imaging (MRI) of the cervical spine and left shoulder was done.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Evaluation to determine if a FRP is appropriate (one time all day consult with 3 providers (interdisciplinary evaluation): PMR\Specialist, Psychologist and Physical Therapy and Psychosocial Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Functional restoration programs emphasize function over elimination of pain and incorporate exercise progression with disability management and psychosocial intervention. FRP is not effective long term and studies have not shown efficacy in shoulder and neck problems. In this case, the patient has had conservative treatment without benefit. Since FRP is conservative therapy and not effective on the neck and shoulder, the patient is unlikely to benefit. This request for multidisciplinary evaluation for FRP is not medically appropriate and necessary.