

Case Number:	CM15-0028791		
Date Assigned:	02/20/2015	Date of Injury:	12/24/2010
Decision Date:	04/14/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational 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 (IW) is a 50-year-old female who sustained an industrial injury on 12/24/2010. She has reported pain in both shoulders, right greater than left, and chronic low back pain aggravated when she attempts to straighten or extend her lower back. Diagnoses include rotator cuff syndrome, lumbar degenerative disc disease, Herniated Nucleus Pulposus, lumbar facet arthropathy, status post exploratory laparotomy for bowel obstruction, bruxism, depression/anxiety, medication induced gastritis, right shoulder sprain/strain and left shoulder sprain/strain. She is currently being treated for lumbar spine herniated nucleus pulposus with radiculopathy to right lower extremity, and chronic pain from the posterior lumbar musculature and for bilateral shoulder pain. Treatment to date includes Extracorporeal Shock Wave Therapy (ESWT), corticosteroid injection to the right shoulder, and diagnostic facet injections. She has treatment with a pain specialist, and takes Norco up to 6-8 tablets daily along with Anaprox for pain. She takes Prilosec for medicine-induced gastritis. A progress note from the treating provider dated 01/07/2015 indicates restrictions in movement in all directions of the lumbar spine with trigger points and tenderness to palpation noted throughout. A right shoulder MRI (02/18/2013) reports extensive degeneration and tendinosis of the supraspinatus tendon. A left shoulder MRI (02/18/2013) reveals moderate tendinosis of the supraspinatus tendon. There is a SLAP II (Superior Labrum Anterior and Posterior) tear in the superior labrum, and a lumbar spine MRI (02/18/2013) shows at L3-4 a 2-3 mm far lateral intraforaminal disc protrusion bilaterally and she has lateral recess and neural foraminal encroachment. There is moderate facet hypertrophy at L3-4, L4-5, and L5-S1. Treatment plans include a one-day multidisciplinary

evaluation for OC Pain and Wellness for possible functional restoration program. On 01/19/2015 Utilization Review non-certified a request for One-day Multidisciplinary evaluation for OC Pain and Wellness for a possible FRP (Functional Restorative Programming) Program. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-day Multidisciplinary evaluation for OC Pain and Wellness for a possible FRP

Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Functional Restoration Programs (FRPs) Page(s): 30-34, 49.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. 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. The medical records indicate that the injured worker is a candidate for eminent facet joint radiofrequency neurotomy, trigger point injections, potential shoulder surgery and/or low back surgery. The injured worker has been follow up recommended for an orthopedic spine surgeon, orthopedic surgeon, internal medicine physician, and clinical psychologist. As the injured worker still is a candidate for surgery and other treatments, the use of a functional restoration program is not consistent with the recommendations of the MTUS Guidelines. The request for One-day Multidisciplinary evaluation for OC Pain and Wellness for a possible FRP Program is determined to not be medically necessary.