

<b>Case Number:</b>	CM15-0034197		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on April 7, 2011. He has reported injury from cumulative trauma. The diagnoses have included chronic pain syndrome. Treatment to date has included carpal tunnel release, physical therapy, acupuncture, chiropractic treatment, cervical epidural, and bilateral occipital nerve block, and medications. Currently, the IW complains of neck pain with radiation into the shoulders, left arm, both wrists, both elbows, and occipital area. He states he has difficulty with sleep, experiencing increased frustration and depression. Physical findings revealed as increased cervical curvature, tenderness of left scapular, tenderness of occipital region, trapezius muscle spasms. There is scarring noted to the wrists. The records indicate adjustments to medications while in the functional restoration program, and trigger point injections were performed on January 16, 2015. On January 27, 2015, Utilization Review non-certified 10 additional days of functional restoration program (FRP) (day's 11-20/hours 51-100). The MTUS guidelines were cited. On February 24, 2015, the injured worker submitted an application for IMR for review of 10 additional days of functional restoration program (FRP) (day's 11-20/hours 51-100).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten additional days of functional restoration program (FRP) (days 11-20/hours 51-100):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRPs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #10 additional days of functional restoration program (Day 11 through 20 /hours 51 through 100) is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. If treatment duration and accessible for weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. It is not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis. Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment must be made available upon request at least on a biweekly basis during the course of the treatment program. In this case, the injured worker's working diagnoses are chronic pain syndrome; neuralgia; lateral epicondylitis; joint pain in the hands bilaterally; disc degeneration; and cervical radiculitis. Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment must be made available on at least a biweekly basis during the course of treatment. The documentation in the medical record from summary reports week one, week three and week four indicate the injured worker has continued multiple complaints. Additionally, previous methods of treating chronic pain have not been unsuccessful. The injured worker is receiving epidural steroid injections with significant relief. An MRI was ordered during the course of the functional restoration program. Overall, the injured worker has similar pain complaints from week #1 to week #3 to week #4. The injured worker's depression has showed minimal improvement from

week #1 to week #3. Summary reports from week 2 were not in the medical record. The documentation shows the injured worker is compliant in attending the FRP, however, significant demonstrated efficacy in subjective and objective gains are not present in the documentation. There is no clear rationale for the specified extension for an additional 10 days. Consequently, absent compelling clinical documentation with improvement in subjective complaints over the first three weeks, a clear rationale for the specified extension in the presence of additional workup including receiving concurrent epidural steroid injections with further MRI evaluation, an additional 10 days of functional restoration program are not medically necessary.