

<b>Case Number:</b>	CM15-0058059		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, Pain Management

### 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 04/07/2011. He has reported injury to the neck, bilateral shoulders, bilateral wrists/hands, and low back. The diagnoses have included chronic pain syndrome; cervical radiculitis; status post right carpal tunnel surgery in 2011; and status post back surgery in 2013. Treatment to date has included medications, diagnostics, cervical epidural injection, bilateral occipital nerve block, acupuncture, chiropractic, cognitive behavioral therapy, physical therapy, and surgical intervention. Medications have included Norco, Tizanidine, Seroquel, Trazodone, and Gabapentin. A report from the treating physicians documented the first week (01/12/15-01/16/15) of the functional restoration program for the injured worker. The injured worker reported neck pain with radiation of pain in the left arm; pain in the left scapular region; pain in the bilateral shoulders; pain in the bilateral wrists; severe headaches; pain in the occipital region; and difficulty with sleep, increased frustration, and depression. Objective findings included tenderness in the neck, left scapular region; tenderness in the left occipital region superior and mid cervical facet region; moderate bilateral trapezius spasms; and he will require continued treatment in the program in order to successfully decrease and optimize his medication and learn alternative coping strategies. The treatment plan has included the request for outpatient 10 additional days of functional restoration program (FRP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Outpatient 10 Additional Days of Functional Restoration Program (FRP): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, 2010 Revision, Web Edition, Page(s): 49.

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

**Decision rationale:** Within the medical information available for review, there is indication that the patient has already completed many hours of a functional restoration program. The California Medical Treatment Utilization Schedule specify the following regarding duration of FRPs: ?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. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The patient has significant functional gain with increased range of motion of bilateral shoulder, increased ability to lift from foot to waist after going through 50 hours (10 sessions) of functional restoration program. Furthermore, the patient has also been noted to improve with use of flare-up management tools including bicycle, upper body ergometer, and verbal cuing for posture and pacing. Therefore, an additional 10 sessions may further help improve the patient's function, mood and sleep. As such, the current request is medically necessary.