Case Number:	CM15-0058351		
Date Assigned:	04/03/2015	**Date of Injury:**	09/18/2003
Decision Date:	05/04/2015	**UR Denial Date:**	02/23/2015
Priority:	Standard	**Application Received:**	03/27/2015

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(n) 46-year-old male, who sustained an industrial injury on 9/18/03. He reported pain in the neck, left knee, lower back due to a slip, and fall accident. The injured worker was diagnosed as having left carpal tunnel syndrome, left lateral epicondylitis, closed dislocation of multiple cervical vertebrae and fibromyalgia. Treatment to date has included chiropractic treatments, left ACL surgery, and pain medications. As of the PR2 dated 2/6/15, the injured worker reports 3/10 pain in the left knee, lower back and neck. The treating physician noted that the injured worker does not wish to have any further invasive procedures and would like to stay conservative with his treatment. The treating physician requested an initial evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation, Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines 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, initial evaluation, functional restoration program 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. There are predictors of successful failure, which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are long-term use of medications; and lateral epicondylitis. Subjectively, according to a February 6, 2015 progress note, the worker walks for exercise and has a 3/10 VAS pain scale pending upon the activity level. The injured worker is working full-time. The injured worker does not like using prescription medications and does not take prescription medications. The physical examination is unremarkable. There were no gait abnormalities and muscle tone and muscle strength were normal in the upper extremities. Functional restoration programs are indicated when there is evidence of continued use of prescription pain medications. The injured worker is not currently taking prescription medications. The injured worker has returned to work full time. The injured worker has a 3/10 VAS pain scale rating depending upon the activity level. The injured worker walks for exercise. There are no negative predictors of success documented in the medical record. Consequently, absent clinical documentation with continued/ongoing use of opiates, the injured workers full-time return to work, a low VAS pain scale of 3/10 depending upon the activity level with no negative predictors of success documented in the medical record, a initial evaluation for functional restoration program is not medically necessary.