

<b>Case Number:</b>	CM15-0059170		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/29/2015

### 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 52 year old female, who sustained an industrial injury on March 22, 2007. She has reported lower back pain, neck pain, and arm pain. Diagnoses have included chronic neck pain, chronic lower back pain, right shoulder pain, chronic pain syndrome, depression, and anxiety. Treatment to date has included medications, physical therapy, home exercise, psychotherapy, and acupuncture. A progress note dated March 17, 2015 indicates a chief complaint of lower back pain, and neck pain radiating to the right arm. The treating physician documented a plan of care that included medications and a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program x 20 days:** Upheld

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

**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, 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; treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective 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 is working diagnoses are chronic neck pain; chronic low back pain; right shoulder pain; chronic pain syndrome; opiate dependence; and depression and anxiety. In a March 2, 2015 progress note the documentation indicates the injured worker was enrolled in a functional restoration program in 2009. There is no documentation regarding outcomes from that program and what program participation took place in the medical record. There is no discussion in the medical record of the claimant's progress, change in health, change in employment status and realistic goals for re-enrollment based on the 2009 functional restoration program. Consequently, absent clinical documentation of the prior functional restoration program without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains (according to the guidelines), functional restoration program times 20 days is not medically necessary.

**Follow-up appointments for functional restoration program x 6 days:** Upheld

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

**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, follow-up appointments for functional restoration program time six days 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; treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective 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 is working diagnoses are chronic neck pain; chronic low back pain; right shoulder pain; chronic pain syndrome; opiate dependence; and depression and anxiety. In a March 2, 2015 progress note the documentation indicates the injured worker was enrolled in a functional restoration program in 2009. There is no documentation regarding outcomes from that program and what program participation took place in the medical record. There is no discussion in the medical record of the claimant's progress, change in health, change in employment status and realistic goals for re-enrollment based on the 2009 functional restoration program. Absent clinical documentation of the prior functional restoration program without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains (according to the guidelines), functional restoration program times 20 days is not medically necessary. Consequently, because the functional restoration program times 20 days is not medically necessary, follow-up appointments for functional restoration program times six days is not medically necessary.