

<b>Case Number:</b>	CM15-0085374		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Emergency 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 44 year old female, who sustained an industrial injury on 4/8/12. She reported initial complaints of neck and low back pain. The injured worker was diagnosed as having chronic pain syndrome; myofascial pain; bilateral upper extremity pain; non-industrial carpal tunnel syndrome. Treatment to date has included physical therapy, back brace; epidural steroid injections; medications. Diagnostics included EMG/NCV bilateral upper extremities (2/15/13; Open MRI cervical spine (5/9/14). Currently, the PR-2 notes dated 2/9/15 indicated the injured worker complains of bilateral arm pain. She has undergone x-rays and given a back brace, had physical therapy to the low back and continues complaints of bilateral arm numbness. She has completed physical therapy and cervical epidural steroid injections for the neck pain. She has also tried nerve pain medications such as gabapentin and Lyrica without relief. She describes intermittent tightness, burning and occasional sharp left neck pain with radiation to both trapezius, both arms in entirety and in both hands, describing numbness, pins and needles. She reports the pain levels at 8-10/10 and nothing makes the pain better; driving makes the pain worse. Her low back pain has mostly resolved. She would like to go back to work. The provider recommended a psychological assessment/ multidisciplinary team assessment for a functional restoration program. This was completed on 3/16/15 and the report was included. The provider has requested a Functional Restoration Program x 16 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program x16 days: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs) Page(s): 31-32, 49.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The injured worker has pain to the low back and continues complaints of bilateral arm numbness. The treating physician has documented intermittent tightness, burning and occasional sharp left neck pain with radiation to both trapezius, both arms in entirety and in both hands, describing numbness, pins and needles. She reports the pain levels at 8-10/10 and nothing makes the pain better; driving makes the pain worse. Her low back pain has mostly resolved. She would like to go back to work. The provider recommended a psychological assessment/ multidisciplinary team assessment for a functional restoration program. This was completed on 3/16/15. This request was modified by UR for 10 sessions. The treating physician has not documented the medical necessity for FRP beyond 10 sessions without a re-evaluation. The criteria noted above not having been met, Functional Restoration Program x 16 days is not medically necessary.