

<b>Case Number:</b>	CM15-0085409		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/30/2015
<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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 1/06/2012. Diagnoses include cervical sprain/strain, chronic low back pain, sprain shoulder/arm bilaterally and cervical degenerative disc disease. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), physical therapy, acupuncture, medications, injections and chiropractic care. Per the Primary Treating Physician's Progress Report dated 2/10/2015, the injured worker reported decreased pain slightly after an injection in the left shoulder during the last visit (1/2015). He reported pain in the neck along the upper, middle and lower trapezius muscles. Physical examination of the right shoulder revealed no swelling, deformity, joint asymmetry or atrophy. Physical examination of the lumbar spine revealed limited range of motion. The plan of care included, and authorization was requested, for a functional restoration program evaluation and Cymbalta. The patient has had MRI of the low back on 4/25/12 that revealed disc bulge with foraminal narrowing, and facet hypertrophy. The medication list includes Lidoderm patch and Cymbalta. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation:** Overturned

**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 Page 30-32 Chronic pain programs (functional restoration programs).

**Decision rationale:** Request: Functional Restoration Program Evaluation. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." Diagnoses include cervical sprain/strain, chronic low back pain, sprain shoulder/arm bilaterally and cervical degenerative disc disease. Per the Primary Treating Physician's Progress Report dated 2/10/2015, the injured worker reported decreased pain slightly after an injection in the left shoulder during the last visit (1/2015). He reported pain in the neck along the upper, middle and lower trapezius muscles. Physical examination of the lumbar spine revealed limited range of motion. The patient has had MRI of the low back on 4/25/12 that revealed disc bulge with foraminal narrowing, and facet hypertrophy. Patient has received an unspecified number of PT and chiropractic visits for this injury. The pt has chronic pain beyond the expected time for recovery. He is on multiple medications. An initial one time EVALUATION to determine the necessity of a chronic pain management program is deemed medically appropriate and necessary in this patient at this time. The request for Functional Restoration Program Evaluation is medically necessary and appropriate for this patient.