

<b>Case Number:</b>	CM15-0087863		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 56 year old female, who sustained an industrial injury on 11/09/2011. She reported feeling a pull in her on her right arm and back while in an awkward position, and was initially diagnosed with a blood clot in her right arm. The injured worker was diagnosed as having neck pain (magnetic resonance imaging 3/27/2012 moderate foraminal stenosis at C6-7 and moderate right foraminal and subarticular stenosis at C4-5), low back pain (magnetic resonance imaging 3/27/2012 moderate to severe left foraminal and subarticular stenosis at L5-S1 and facet hypertrophic changes at L4-5), thoracic outlet syndrome (right thoracic outlet surgery 2/2012), right side, and right shoulder pain (magnetic resonance imaging 4/10/2014 degenerative joint disease, supraspinatus tendon fraying, and small amount of fluid). Treatment to date has included diagnostics, lumbar fusion surgery, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. An Agreed Medical Evaluation (12/08/2014) noted a degree of sadness at all times, nightly insomnia, low self esteem, discouragement about the future, and increased sensitivity. She did not note significant changes in her mood with the use of Cymbalta. Beck Depression Inventory score suggested severe depression and Beck Anxiety Inventory score suggested mild anxiety. Currently (4/14/2015), the injured worker complains of persistent neck, back, and arm pain. She was documented as sensitive to many tried medications, including Gabapentin. She was given Lyrica samples and was very interested in Functional Restoration Program, to teach her how to deal with chronic pain without medication usage. Current medication included Aleve. Electromyogram and nerve conduction studies right arm (5/2012) were essentially normal, except borderline abnormal right ulnar

sensory neuropathy across the elbow. Work status was modified and she was authorized for repeat epidural steroid injection. An addendum report (4/30/2015) was noted with clarification regarding the quantity and duration of Functional Restoration Program (FRP) requested. This was to be specified once she was evaluated and they come up with a personalized FRP based on her symptomatology, diagnoses, etc.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional restoration program, quantity/duration unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31 and 49.

**Decision rationale:** Functional Restoration program, quantity/duration unspecified is not medically necessary. Ca MTUS page 49 states that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The program is the type of treatment included in the category of interdisciplinary pain programs for patients with chronic disabling occupational musculoskeletal disorders. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psycho-social intervention. Treatment in these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Page 31 of MTUS guidelines also states that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment, the intensity necessary for effective treatment, and cost effectiveness; Given that a quantity/duration is unspecified; the request is not medically necessary.