MAXIMUS Federal Services

Case Number:	CM15-0244868		
Date Assigned:	12/24/2015	Date of Injury:	03/15/2008
Decision Date:	01/29/2016	UR Denial Date:	12/16/2015
Priority:	Standard	Application Received:	12/16/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 was a 43 year old female, who sustained an industrial injury on March 15, 2008. The injured worker was undergoing treatment for right carpal tunnel syndrome, major depression, and chronic pain syndrome and pain disorder with related psychological factors. According to functional restoration evaluation note of October 22, 2015 the injured worker's chief complaint was right shoulder and right arm pain from repetitive work. Over time the lumbar spine pain became the issue and after being pregnant, the injured worker was unable to return to work, due to the lower back pain. The physical exam noted tenderness of the cervical paraspinal muscles from levels C3-C7. There was tenderness to palpation over the bilateral trapezius. There was tension and tenderness with palpation over the medial borders of the scapula at both the superior and inferior aspects bilaterally. There was tenderness with palpation of the upper and thoracic paraspinal muscle bilaterally. The range of motion of the upper extremities, shoulders, elbow, wrists and fingers was well preserved. The gait was grossly non-antalgic. The injured worker previously received the following treatments steroid injections, topical ointment, Naproxen, Pantoprazole and Ultracet, cervical spine MRI which revealed disease at C3-C7 with the most effected levels being C6-C7, ergonomic changes at work which were helpful and the injured worker was able to continue working, occasional massage was helpful, physical therapy, acupuncture and medications were helpful for the right arm and shoulder. The RFA (request for authorization) dated October 22 2015; the following treatments were requested was a referral for a [redacted] functional restoration program for 80

hours. The UR (utilization review board) denied certification on November 16, 2015; for a [redacted] functional restoration program for 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **Functional Restoration Program for 160 hours:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Per the guidelines, a functional restoration program (FRPs) is a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Independent self-management is the long-term goal of all forms of functional restoration. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This injured worker has participated in PT, acupuncture and massage therapy in the past and should be participating in an exercise program on her own. A functional restoration program is not medically necessary.