

<b>Case Number:</b>	CM14-0140733		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/09/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old female who reported injury on 09/09/2008. The mechanism of injury was not provided. Prior therapies included cognitive behavioral therapy, and extensive physical therapy. The injured worker was noted to be deferring surgical options. The diagnostic studies were not provided. The documentation of 07/25/2014 revealed the injured worker had complaints of right sided neck pain and severe right shoulder pain. The injured worker was noted to be working on a home exercise program. The injured worker's medications included Zanaflex 2 mg 1 to 2 at bedtime, omeprazole 20 mg 1 twice a day, ibuprofen 600 mg 1 twice a day, Cymbalta 30 mg 1 twice a day and Lidoderm 5% patches. The surgical history was not provided. The physical examination indicated the injured worker had tenderness with tight muscle bands and a trigger point with a twitch response as well as radiating pain on palpation on the right side. There was spinous process tenderness at C6 and C7. There was tenderness in the trapezius. There were multiple myofascial trigger points noted. The Spurling's maneuver on the right side caused pain in the muscles of the neck; however, the injured worker had no radicular symptoms. The injured worker had tenderness of the right side of the face and pectoral region. The physical examination of the right shoulder revealed a 30 degree down slope to the shoulder. Movements were restricted. There was tenderness in the biceps groove and along the rhomboids and subdeltoid bursa. There were trigger points in the trapezius. The injured worker had decreased sensation in the lateral arm and thumb. The muscle strength was -5/5 on the right shoulder in shoulder abduction and flexion. The elbow flexor strength was 5/5 bilaterally. The wrist flexor strength was 4/5 on the right and wrist extensors were -5/5 on the right. The finger flexors, hand intrinsic and abductor pollicis brevis strength was 4/5 on the right. The reflexes were noted to be providing a normal reflex examination. The diagnoses included cervical radiculitis, right C5, nerve root and plexus disorders not elsewhere classified, postoperative plexopathy upper trunk,

carpal tunnel syndrome right, depression disorder not elsewhere classified, bicipital tenosynovitis and rotator cuff sprain and strain. The treatment plan included a Functional Restoration Program Evaluation. The subsequent documentation of 08/15/2014 revealed injured worker's complaints included right sided neck pain and severe right shoulder pain. The injured worker had muscle spasms of the shoulder and down the arm. The injured worker had hand numbness that was unchanged. The physical examination remained the same. The neurologic and sensory examination remained the same as did the reflexes. Documentation indicated the Functional Restoration Program was denied as the injured worker was not a candidate where surgery or other treatments would clearly be warranted. The injured worker is a candidate for epidural steroid injections and a carpal tunnel release. The injured worker indicated she did not want to submit an Independent Medical Review for the Functional Restoration Program Evaluation and possible participation in the program as she was concerned about the distance to the facility due to the fact she does not drive far. The injured worker indicated she was doubtful about her ability to be diligent with a daily intense Functional Restoration Program and she was in doubt as to whether the current denial would be reversed. The injured worker declined submission of an Independent Medical Review. The documentation indicated the injured worker was deferring surgical options. The injured worker had done cognitive behavioral therapy in the past and therefore, the treatment plan included cognitive behavioral therapy. There was a Request for Authorization submitted to support the request.

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

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

**FRP (Functional Restoration Program) Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program, Page(s): 30-32.

**Decision rationale:** The California MTUS Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to indicate the injured worker had an absence of other options likely to result in significant clinical improvement. Additionally, there was a lack of

documentation indicating the injured worker was not a candidate for surgery or other treatments and the injured worker indicated she did not want to pursue the treatment as it was too far from her home. Given the above, the request for FRP (Functional Restoration Program) Evaluation is not medically necessary.