

<b>Case Number:</b>	CM14-0165178		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for psychological stress, shoulder pain, migraine headaches, and carpal tunnel syndrome reportedly associated with an industrial injury of May 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; muscle relaxants; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a functional restoration program. The applicant's attorney subsequently appealed. In a January 2, 2014 progress note, it was acknowledged that the applicant was not working and had been deemed "disabled." On a September 22, 2014 progress note, the applicant reported ongoing issues with depression, headaches, fatigue, and malaise. Authorization for functional restoration program was reportedly pending. It was stated that the applicant had completed a multidisciplinary evaluation. The applicant was again described as "disabled," in the social history section of the report. The applicant was using baclofen, Motrin, Prilosec, Rozerem, Imitrex, Tylenol, and Voltaren gel. Multiple medications were renewed. It was stated that the applicant had failed occupational therapy, psychological evaluation, medications, and extensive periods of time off of work. The attending provider again stated that a functional restoration program would prove beneficial here. In an August 26, 2014 progress note, the applicant was again described as having extensive pre-referral disability. The applicant had been off of work for well over two years, it was acknowledged, since May 2011. The applicant also had significant psychological stress, it was further noted. The attending provider posited that the applicant had moved over one hour away from the clinic and now needed a driver to take her to the proposed functional restoration program. In an August 26, 2014 psychological evaluation, it

was suggested that the applicant's sleep patterns and emotional issues could benefit from the proposed functional restoration program. It was acknowledged that the applicant had a variety of depressive issues, sleep disturbance issues, and significant feelings of uselessness. The applicant's medication list included baclofen, Motrin, Prilosec, Rozerem, Imitrex, Tylenol, and Voltaren gel. It was suggested that the applicant participate in a functional restoration program.

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

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

**Two (2) weeks (10 days, 60 hours) of Functional restoration program which includes lodging, transportation and interpreter.:** 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 Chronic Pain Programs topic Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program includes evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely resulting in significant clinical improvement. In this case, the applicant's primary issues are in fact mental health/psychiatric in nature. The applicant has significant depressive symptoms. It has not been clearly established that the applicant has maximized psychiatric treatments. It does not appear that the applicant's psychotropic medication profile, for instance, has been optimized. It is further noted that another criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of functional restoration program is evidence that an applicant exhibits the motivation to change and is willing to forego secondary gains, including disability payments, to effect said change. In this case, however, it was not clearly stated that the applicant was willing to forego disability payments or Workers' Compensation indemnity payments in an effort to improve and/or to return to work. Therefore, the request is not medically necessary.