

<b>Case Number:</b>	CM14-0208644		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Rehab 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 patient is a 24 year old male with date of injury 11/08/11. The treating physician report dated 12/04/14 (99) indicates that the patient presents with pain affecting his left shoulder, neck, lower back, and radicular pain down the left leg. The physical examination findings reveal decreased range of motion of the neck and shoulder, painful range of motion in the lower back, and tenderness to palpation in the neck and shoulder. Prior treatment history includes shoulder surgery, physical therapy, TENS unit, and medications. MRI findings reveal minimally displaced tear of the anterior labrum. The current diagnoses are: 1. Left Shoulder Pain 2. Cervical Pain 3. Low Back Pain 4. Occipital Neuralgia The utilization review report dated 12/10/14 denied the request for Chronic pain clinic for evaluation and treatment and Functional restoration program based on medical necessity and guidelines not being met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chronic pain clinic for evaluation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** The patient presents with pain affecting his left shoulder, neck, lower back, and radicular pain down the left leg. The current request is for chronic pain clinic for evaluation and treatment. The treating physician states, "Patient is clearly not obtaining relief, requiring more meds, and if he cannot get imaging, it would be appreciate medical care to be transferred to a University based Chronic Pain Clinic or a functional restoration program as patient motivated to improve, but pain and decreased function limiting his ability to do so." (99) The MTUS guidelines do not address consultations. The ACOEM guidelines state, "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, the treating physician has documented that the patient is not getting the correct treatment and would like aid in the care of this patient. However, there is no reference to what treatment is being requested and there is no frequency or duration of this unknown treatment in this request. Recommendation is for denial.

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-31.

**Decision rationale:** The patient presents with pain affecting his left shoulder, neck, lower back, and radicular pain down the left leg. The current request is for Functional restoration program. The treating physician states, "Patient is clearly not obtaining relief, requiring more meds, and if he cannot get imaging, it would be appreciate medical care to be transferred to a University based Chronic Pain Clinic or a functional restoration program as patient motivated to improve, but pain and decreased function limiting his ability to do so." The MTUS guidelines support Functional Restoration Programs if, "(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; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." In this case, the treating physician has documented a thorough evaluation and the patient has decreased function, but it was not documented if physical therapy helped the patient, if the patient is willing to forgo secondary gains and negative predictors of success have not been addressed. Additionally, there is not a frequency or duration submitted with this request for a FRP, so there is no way to know if the request would fall within the limits of treatment recommended by MTUS. Recommendation is for denial.

