

<b>Case Number:</b>	CM14-0215795		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a 33-year-old male with a work injury date of 03/24/2014. The mechanism of injury is described as lifting a cabinet weighing about 300 pounds. He was carrying it with 3 other co-workers. He reports he picked up all the weight of the cabinet on his side and was squatting down when he felt an "immense pain" in his mid and low back and right shoulder. At the time of the visit dated 12/04/2014, he was complaining of back pain that radiated to both legs. The injured worker (IW) stated the pain was "severe all the time in any position." He reported he was not able to do any kind of activity without pain. He also stated he could not tolerate walking more than 15 minutes and needed assistance with dressing, bathing and hygiene. The IW last day of work was 06/06/2014. The following tests are noted by the provider however actual reports are not available in the submitted records. - MRI of thoracic spine on 10/06/2014 showed some small focal central disc protrusion aspect of the thoracicoid. There was no abnormal cord signal intensity. - Lumbar MRI showed degenerative disease but no significant spinal stenosis. - Shoulder MRI showed tendonitis of supra and infraspinatus muscles. No tear. - EMG on 07/10/2014 was read as normal. Physical exam noted the IW appeared to be anxious, fatigued and in moderate pain. He had global antalgic slowed, stooped and wide-based gait with his head leaning forward when he stood. Thoracic spine exam revealed spasm and tenderness of the paravertebral muscles on both sides. Spinous process was tender at the level of thoracic 4. Range of motion of lumbar spine was restricted with flexion limited to 10 degrees due to pain and extension to 5 degrees due to pain. On palpation, paravertebral muscles, hyper tonicity, spasm, tenderness, tight muscle band and trigger point was noted on the right side

at thoracic 5, 6, and 7. Right shoulder showed no swelling or deformity. Movement was restricted with abduction limited to 80 degrees with positive Hawkins test. The following tests were negative: - Belly press. - Lift off tests. - Jobe's test. - Speeds test. - Yergason's test. - Popeye's sign. - Crank's test. - O'Brien tests. - Apprehension test. - Anterior stress. - Posterior stress. - Jobe relocation test. Drop arm test was positive. Tenderness was noted in the acromioclavicular joint, biceps groove, rhomboids, sub-deltoid bursa and in the trapezius. Forward flexion of shoulders was 110 degrees. Past treatments included: - Chiropractor times 12 sessions with no pain relief. - Physical Therapy times 8 sessions with no pain relief. - Opioid medications. - Right shoulder injection with no relief. - 3 ER visits. The provider noted the IW reports severe functional limitations and has been on powerful opioids with no pain relief. The provider requested a Functional Restoration Program Evaluation. On 12/12/2014, utilization review (UR) issued a decision denying the request stating "the request for functional restoration program evaluation is not substantiated at this time as there is no evidence of the patient has undergone primary psychological intervention to address chronic pain behavior or evidence of reactive depression or anxiety that is delaying recovery to support the need for a multidisciplinary evaluation for functional restoration program". Guidelines cited were CA MTUS 2009 Chronic Pain Medical Treatment Guidelines, pages 31-32; chronic pain programs (functional restoration programs). The request was appealed to Independent Medical Review.

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

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

**One Functional Restoration Program evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed." Within the documentation available for review, the requesting physician has identified that the patient has failed numerous treatment options including medication, chiropractic care, physical therapy, and that there are no surgical options available. Additionally, the requesting physician has stated that the patient's condition has inhibited his ability to function independently. It is acknowledged that there is no documentation of a baseline functional assessment or discussion regarding motivation to change and negative predictors of success, such as the psychological issues identified. However, these would more appropriately be addressed during the functional restoration program evaluation

process. As such, the currently requested functional restoration program evaluation is medically necessary.