

<b>Case Number:</b>	CM15-0015002		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 34 year old female, who sustained an industrial injury on May 23, 2013. She has reported injury to the left shoulder and neck. The diagnoses have included left rotator cuff strain, neck strain, headaches and left arm paresthesia. Treatment to date has included physical therapy, acupuncture, TENS unit, steroid injection, consultations and medication. On December 18, 2014, the injured worker complained of worsening left arm pain since her last exam. She had burning, numbness and headaches. Her pain was rated as a 5 on a 1-10 pain scale. On January 26, 2015, Utilization Review non-certified a Chronic Pain Management Program (Functional Restoration Program), noting the CA MTUS Guidelines. On January 27, 2015, the injured worker submitted an application for Independent Medical Review for review of Chronic Pain Management Program (Functional Restoration Program).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chronic Pain Management program (Functional restoration program) QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 29-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program (Functional Restoration Program) Page(s): 30 - 34.

**Decision rationale:** There is no indication for a chronic pain program/functional restoration program. She had a neck/shoulder injury from a patient while working at a psych facility. On 06/13/2013 a MRI of the cervical spine was negative. On 09/19/2013 and again repeated on 07/07/2014 a EMG/NCS was normal. On 05/17/2014 a MRI of the brachial plexus was negative. A left shoulder MRI revealed tendonitis. Essentially, she had a normal physical exam. The clinical findings and testing do not support the medical necessity of a chronic pain program or functional restoration program.