

<b>Case Number:</b>	CM15-0120358		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California

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

The injured worker is a 46 year old male who sustained an industrial injury on October 12, 2011. He has reported neck and upper extremity pain and has been diagnosed with pain in joint shoulder-bilateral, pain in joint hand, right trapezium metacarpal, sprains and strains of the neck, and epicondylitis, medial. Treatment has included physical therapy, medical imaging, injections, massage, and medications. There was tenderness to palpation of the cervical paraspinal muscles bilaterally. There was pain with axial loading of facet joints bilaterally, left greater than right. There was spinous tenderness from C3-C7 and pain with range of motion, particularly with extension and rotation. The treatment request included evaluation for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation - functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for a functional restoration program evaluation, California MTUS supports chronic pain program/functional restoration program evaluation 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; and Negative predictors of success have been addressed. Within the medical information available for review, there is no documentation that other methods for treating the patient's pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement, as it appears that the patient has pending authorized interventional treatment in the form of facet injections. Furthermore, the documentation does not clearly identify motivation to change. In the absence of clarity regarding the above issues, the currently requested functional restoration program evaluation is not medically necessary.