

<b>Case Number:</b>	CM15-0123037		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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

### 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 (IW) is a 52-year-old female who sustained an industrial injury on 10/17/2011, when she fell backwards off her chair and hit the upper portion of her neck and head against a table. She reported pain in the neck and both shoulders. The injured worker was diagnosed as having other syndromes affecting the cervical region, myalgia and myositis, unspecified. Treatment to date has included medications, physical therapy and a functional restoration program. In the office visit of 05/15/2015, the injured worker complains of a new onset of increases in neck spasm attributed to a change in the worksite computer screen configurations. She has a history of a period of extended disability which led to a transition to a functional restoration program. She successfully completed the functional restoration program in spring of 2013 and was able to return to her pre-injury occupation with the usual and customary duties. She has a home exercise program but complains of having no durable medical equipment (specifically a gym ball and foam roller) to assist with performing the home program. The worker is described as having persistent pain (with no measurable parameters of pain levels or response to medications). She describes a sense of despair about her current work circumstances. Her condition is permanent and stationary and she is currently working. The treatment plan is for medications and a two week refresher course in a functional restoration program. A request for authorization is made for the following: 1. Celebrex 200mg #60, 2. Cymbalta (Duloxetine HCl) 30mg #60, 3. Tramadol 50mg #15, 4. Gym ball, 5. Foam roller, 6. Re-assessment in functional restoration program, 7. Refresher course in functional restoration program for 2 weeks equating 50 hours.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-assessment in functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs/functional restoration programs Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

**Decision rationale:** Based on the 05/15/15 progress report provided by treating physician, the patient presents with neck and shoulder pain rated 7/10. The request is for RE-ASSESSMENT IN FUNCTIONAL RESTORATION PROGRAM. Patient's diagnosis per Request for Authorization form dated 06/23/15, and 06/26/15 includes myofascial/myalgia/myositis, cervicgia and pain in joint shoulder. Per 12/12/14 report, the patient had a diagnosis of C2-3, C3-4, and C4-5 facet disease. Treatment to date has included conservative treatment including injection therapies, functional restoration program, home exercise program and medications. Patient's medications include Celebrex, Cymbalta and Tramadol. The patient is permanent and stationary and is currently working, per 05/15/15 report. Treatment reports were provided from 12/12/14 - 06/26/15. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." Per 05/15/15 report, treater states the patient "had a period of extended disability, which led to a transition to the [REDACTED] functional restoration program where she completed a six week course in spring of 2013 allowing her to return to her pre-injury occupation with the usual and customary duties. It is apparent that the patient over the last two years has lost some of the training that we had provided her the obvious benefits of that program through the opportunity to return her from her non-working state to her previous occupation is clear evidence of the specific benefits of the program. As a consequence and given the patient's aggravation created in part by the lack of necessity, durable medical equipment and support of her independent program combined with the change in her work environment, I am therefore requesting authorization of a two week refresher course in the [REDACTED] functional restoration program equating to 50 hours of time. I would appreciate authorization for a reassessment and reenrollment of the patient establishing initial baseline and subsequent functional goals." In this case, treater has documented significant functional improvement due to previous FRP attended in 2013, as the patient was able to "return to her pre-injury occupation with the usual and customary duties." The patient already completed a full course, and the MTUS does not discuss any repeat visitations. Furthermore, the patient is working and has already reached the goals for FRP. The patient should be provided pain management for re-evaluation of the neck issues for recurrent pain. Therefore, the request IS NOT medically necessary.

**Refresher course in functional restoration program for 2 weeks equating 50 hours:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs/functional restoration programs Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

**Decision rationale:** Based on the 05/15/15 progress report provided by treating physician, the patient presents with neck and shoulder pain rated 7/10. The request is for REFRESHER COURSE IN FUNCTIONAL RESTORATION PROGRAM FOR 2 WEEKS EQUATING 50 HOURS. Patient's diagnosis per Request for Authorization form dated 06/23/15, and 06/26/15 includes myofascial/myalgia/myositis, cervicgia and pain in joint shoulder. Per 12/12/14 report, the patient had a diagnosis of C2-3, C3-4, and C4-5 facet disease. Treatment to date has included conservative treatment including injection therapies, functional restoration program, home exercise program and medications. Patient's medications include Celebrex, Cymbalta and Tramadol. The patient is permanent and stationary and is currently working, per 05/15/15 report. Treatment reports were provided from 12/12/14 - 06/26/15. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." UR letter dated 07/03/15 states "Based upon the presence of remaining conservative treatment options and the lack of a clinical examination which supports a diagnosis, this request for a reassessment and participation in a 2nd FRP is denied." Per 12/12/14 report, the patient "continues to have evidence of significant myofascial restrictions in the cervical and shoulder region and has focal trigger points." Per 05/15/15 report, treater states the patient "had a period of extended disability, which led to a transition to the [REDACTED] functional restoration program where she completed a six week course in spring of 2013 allowing her to return to her pre-injury occupation with the usual and customary duties. It is apparent that the patient over the last two years has lost some of the training that we had provided her the obvious benefits of that program through the opportunity to return her from her non-working state to her previous occupation is clear evidence of the specific benefits of the program. As a consequence and given the patient's aggravation created in part by the lack of necessity, durable medical equipment and support of her independent program combined with the change in her work environment, I am therefore requesting authorization of a two week refresher course in the [REDACTED] functional restoration program equating to 50 hours of time. I would appreciate authorization for a reassessment and reenrollment of the patient establishing initial baseline and subsequent functional goals." Progress report dated 06/23/15 states "This patient has met with our qualified multidisciplinary team including a physician pain specialist, a psychologist and a physical therapist. The [REDACTED] multidisciplinary team agree that this patient meets the criteria for a functional restoration program. The patient is prepared to make the effort

to fully participate in the functional restoration program." In this case, the patient already completed a full course, and the MTUS does not discuss any repeat visitations. Furthermore, the patient is working and has already reached the goals for FRP. The patient should be provided pain management for re-evaluation of the neck issues for recurrent pain. Therefore, the request IS medically necessary.