

<b>Case Number:</b>	CM15-0126463		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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:

This injured worker is a 55 year old male who reported an industrial injury on 11/7/2008. The history notes multiple injury dates. His diagnoses, and or impression, were noted to include: impotence of organic origin; lumbosacral spondylosis; lumbar spinal stenosis; pain in shoulder joint; rupture of left biceps tendon, status-post repair; thoracic myelopathy; major depression; and fecal incontinence. No current electrodiagnostic or imaging studies were noted. His treatments were noted to include graduation from a functional restoration program; aqua therapy; psychiatric evaluation and treatment; medication management; and rest from work. A [REDACTED] Functional Restoration Program Report is noted on 6/2/2015, post this Utilization Review. The progress notes of 5/28/2015 reported complaints which included low back pain due to lumbosacral spondylosis and lumbar spinal stenosis, and left shoulder pain. Objective findings were noted to include morbid obesity; use of wheel chair; spasms, with guarding, in the lumbar spine that is with decreased lumbar range-of-motion; diffuse weakness in all muscles of the lower extremities; and decreased sensation in the thoracic region. The physician's requests for treatments were noted to include 34 hours of a [REDACTED] Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**34 hours of a [REDACTED] Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management/ Functional Restoration Programs Page(s): 49.

**Decision rationale:** Based on the 06/02/15 progress report provided by treating physician, the patient presents with pain to low back and left shoulder. The patient is status post left shoulder arthroscopic repair 11/07/08, and right shoulder rotator cuff repair 10/15/04. The request is for 34 hours of a [REDACTED] functional restoration program. RFA with the request not provided. Patient's diagnosis on 06/02/15 includes pain in joint shoulder, spondylosis lumbosacral, and stenosis spinal lumbar. Treatment to date has included surgery, imaging and electrodiagnostic studies, aqua therapy, psychiatric evaluation, FRP and medications. Patient's medications include Trazodone, Advil, Amiodaron Hcl, Baclofen, Benazepril, Diltiazem, Warfarin and Hydrocodone. The patient is off-duty, per 06/02/15 report. Treatment reports provided from 05/20/15 - 06/02/15. Regarding Pain Management/ Functional Restoration Programs: 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. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition. 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. MTUS does not recommend more than 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). UR letter dated 05/28/15 states "...this patient was authorized for 128 hours of a functional restoration program and has completed 128 hours during the time period of 11/10/2014-12/10/2014." Progress report 06/02/15 states the patient "has completed six weeks at the [REDACTED] Functional Restoration Program. Therefore, this is a retro request for additional 34 hours of NCFRP. The patient did benefit from the program.... The wellness program had an emphasis on a well-rounded program including the four components of exercise... The patient had shown overall improvement in his functional movement capabilities, as well as functional lifting capabilities. He also demonstrated significant improvement in bilateral lower extremity strength and range of motion." In this case, the patient has already completed a 6-week program. MTUS does not provide for an extended program following a full course of functional restoration. It is unclear why the patient would not be able to apply what he has learned within the 6-week program after discharge. Continued monitoring of the patient's progress should be carried out by the patient's primary treating physician via regular visitations, as well as pain management re-evaluation of back and shoulder issues. Therefore, the request is not medically necessary.