

<b>Case Number:</b>	CM15-0126891		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/19/2008
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/01/2015
<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, 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 60 year old male, who sustained an industrial injury on 4/19/08. Initial complaints were not reviewed. The injured worker was diagnosed as having disorders of the bursae and tendons in shoulder region unspecified; displacement of lumbar intervertebral disc; displacement of lumbar intervertebral disc without myelopathy; unspecified internal derangement of knee; opioid type dependence continuous. Treatment to date has included status post left shoulder surgery; status post left knee replacement; status post right knee arthroscopy; physical therapy; acupuncture; occupational therapy; medications. Currently, the PR-2 notes dated 3/5/15 indicated the injured worker is in the office as a follow-up visit. The injured worker states he cannot participate in the functional restorative program due to responsibility of taking care of his grandchildren. He is a status post right shoulder surgery times tow and now complaining of slipping: and severe pain. He rates his pain as 5/10 with medications and stable with those medications at this time. He also complains of low back pain. She is a status post left shoulder surgery with presently shooting pains. He has also had a left knee replacement and right knee arthroscopy. He complains of difficulty walking and has a special brace for the left knee when walking a lot. He has a clinical history of hypertension, diabetes, seasonal asthma, GERD, cholecystectomy and MRSA. His gait is steady with a slight limp noted and not wearing his brace on this date. He has tenderness noted bilaterally of the paraspinous muscles in the low back. He is prescribed Hydrocodone 10/325 and Tramadol ER 150mg. The provider is requesting authorization of Multidisciplinary evaluation for participation in functional restoration program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation for participation in functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

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

**Decision rationale:** Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of 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 have been addressed. The MTUS outlines the following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: "(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain." Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, a nurse practitioner note on 5/28/2015 indicate that the patient is unable to attend prior functional restoration sessions due to the need to care for his grandchildren. As such, the current request is not medically necessary.