

<b>Case Number:</b>	CM15-0174767		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/15/1996
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 50 year old male who sustained an industrial injury on 11-15-1996. Medical records indicate the worker is undergoing treatment for cervicgia, headache and shoulder pain. Recent progress reports dated 7-30-2015 and 8-7-2015, reported the injured worker complained of neck pain, headache, shoulder pain and nausea. Physical examination revealed tenderness of the bilateral occiputs and the trapezius muscle was taut and tender. Treatment to date has included cervical epidural steroid injection, TENS (transcutaneous electrical nerve stimulation), chiropractic care, trigger point injections, physical therapy, Botox, acupuncture, psychiatric consultation and medication management. The physician is requesting 160 hours of functional restoration program. On 8-17-2015, the Utilization Review modified the request for 160 hours of functional restoration program to 40 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**160 Hours functional restoration program (FRP): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the injured worker is a good candidate for a functional restoration program and is motivated to participate. He has chronic pain that has not responded to conservative measures. This request is for 160 hours which exceeds the recommended guidelines, therefore, the request for 160 Hours functional restoration program (FRP) is not medically necessary.