

Case Number:	CM15-0179505		
Date Assigned:	09/21/2015	Date of Injury:	12/30/2013
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 64-year-old female who sustained an industrial injury December 30, 2013. Diagnoses have included C4-C7 degenerative disc disease with central and foraminal narrowing; bilateral C5 radicular pain and trapezius myofascial pain; multilevel T7-T12 thoracic degenerative disc disease; and, probable L4-S1 stenosis. Documented treatment includes right shoulder rotator cuff surgery September 15, 2014 reducing pain 50 percent, trigger point injection providing 50 percent pain relief for several days, ice, Terocin cream and patches, Flexeril in the evening, and she was taking Norco and Tramadol which are stated August 11, 2015 to have been discontinued as a result of progress from six out of eight weeks in a functional restoration program. She is presently taking Tylenol No. 3 once per day for pain. The August 11, 2015 physician report states she has made "substantial progress towards long-term goals" including improvement of 50 degrees for cervical flexion; extension 35 degrees; and shoulder abduction from 95 to 130 degrees. Goal with the additional two weeks would be to improve cervical flexion to 60 degrees and extension to 50, and restore full shoulder abduction to 150 degrees. August 26, 2015 pain was reported as 3 out of 10 but can increase to 8 out of 10 radiating from the upper trapezius into the neck and back of head. The treating physician's plan of care includes 2 additional weeks including 5 days each week in a functional restoration program, but this was denied on August 30, 2015. Current work status is total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) 5 days a week for 2 additional week, total 10 sessions: 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: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant had completed at least 6 weeks of FRP. In addition, in July 2015, an additional 20 sessions were requested. The current request for 10 sessions is well beyond the trial period for FRP. There is no indication that additional improvement cannot be performed in a self-directed fashion. The request for 10 additional FRP sessions is not medically necessary.