

<b>Case Number:</b>	CM15-0068675		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 female patient who sustained an industrial injury on 03/31/2011. A primary treating office visit dated 10/07/2014 reported chief complaint of neck pain, that radiates down the arm and upper extremity pain. She presented with a depressed mood. She is reporting an increase in pain, explaining that it was trigger by the nerve conduction testing. She rated the pain a 6 out of 10 in intensity. Current medications are: Gabapentin, Flurbiprofen compound cream, Priolocaine, Advil, Dendracin lotion, Naprosyn, Norco 10/325mg, Terocin patch, and Tylenol with codeine. She is diagnosed with pain disorder with both psychological factors and an orthopedic condition. A primary treating office visit dated 12/10/2014 reported subjective complaint of neck and bilateral upper extremity pains. The patient reports the pains starting after starting acupuncture; she decided to discontinue acupuncture after completing only 3 sessions. There is a pending surgical consultation on 12/22/2014. Current medications are: Gabapentin, Flurbiprofen compound cream, Lamcream, Advil, Dendracin, Naprosyn, Terocin and Tylenol with Codeine. Prior treatments include; injections, physical therapy, chiropractic care, and the use of a transcutaneous nerve stimulator unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program, 160 Hours: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Functional Restoration Program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a functional restoration program (160 hours) is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. There are negative predictors of successful which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are bilateral cubital tunnel syndrome status post ulnar nerve transposition; bilateral carpal tunnel syndrome; bilateral lateral epicondylitis; cervical brachial syndrome; mood adjustment disorder; and pain related insomnia. The injured worker has received conservative management including cortisone injections, physical therapy, cognitive behavioral therapy/biofeedback, acupuncture treatments all without significant clinical benefit. There was a pending surgical consultation for the next in December 22, 2014. There was no documentation of the surgical consultation and determination. The injured worker has negative predictors for success including psychological testing that indicated moderate somatic problems, moderately severe depression and anxiety that interfered with her functioning to severe extent. Additionally, the injured worker stopped acupuncture after three sessions due to pain. There is no intent on behalf of the injured worker to return to work discussed in the medical record. The injured worker has been totally disabled in excess of 24 months. The outcomes for necessity of use are not clearly identified in the medical record. Additionally, treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The treating physician requested 160 hours of a functional restoration program in excess of the recommended (trial). Based on clinical information in the medical record, continuous disability in excess of 24 months and the peer-reviewed evidence-based guidelines, a functional restoration program (160 hours) is not medically necessary.

