

<b>Case Number:</b>	CM15-0075044		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Emergency 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 54 year old female, who sustained an industrial injury on April 6, 2011. The injured worker was diagnosed as having cervical spondylosis, depression and myofascial pain. Treatment and diagnostic studies to date have included acupuncture, aqua therapy, medication, injections, psychotherapy and Transcutaneous Electrical Nerve Stimulation (TENS) unit. A supplemental note dated March 27, 2015 the injured worker complains of neck and shoulder pain with psychological factors. It is noted she has completed 6 psychotherapy sessions. Prior conservative therapies and treatment have failed to provide functional improvement. She has chosen to not pursue surgical intervention. The plan includes a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program x 6wks (5 days a week/5 hours a day): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages31-32, Functional restoration programs (FRPs) Page(s): 31-32, 49.

**Decision rationale:** The requested Functional Restoration Program x 6wks (5 days a week/5 hours a day), is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "these programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The injured worker has neck and shoulder pain with psychological factors. It is noted she has completed 6 psychotherapy sessions. Prior conservative therapies and treatment have failed to provide functional improvement. The treating physician has not documented the medical necessity for FRP sessions beyond a trial of 2 weeks and re-evaluation. The criteria noted above not having been met, Functional Restoration Program x 6wks (5 days a week/5 hours a day) is not medically necessary.