

<b>Case Number:</b>	CM15-0079975		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, 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:

This is a 64 year old male patient, who sustained an industrial injury on 3/8/13. The diagnoses have included lumbar sprain/strain; cervical sprain/strain and spasm of muscle right shoulder tendinitis. He sustained the injury due to repetitive activities involving lifting heavy bags. Per the doctor's note dated 3/24/2015, he had complaints of right neck, shoulder, right arm, lower back pain radiating to the left leg. The physical examination revealed moderate distress; cervical spine- spasm, tenderness and decreased range of motion; lumbar spine- tenderness, guarding and decreased range of motion. The medications list includes percocet, diclofenac, sprix, prilosec, mirtapazine, nasal sprain and ketoprofen cream. He has undergone left shoulder rotator cuff repair around 5-6 years ago and right knee arthroscopy. He has had electromyography on 5/1/14 which revealed moderate left carpal tunnel; MRI lumbar spine dated 10/17/13; magnetic resonance imaging (MRI) of right shoulder dated 6/28/13 and MRI cervical spine dated 5/14/13. He has had epidural steroid injections and home exercise program for this injury. The request was for Functional Restoration Program 10 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FRP 10 Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** FRP 10 Sessions. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. In addition per the cited guidelines Criteria for the general use of multidisciplinary pain management programs- 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; (6) Negative predictors of success above have been addressed. Response to previous conservative treatment is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. There was no documentation provided for review that the patient failed a return to work program with modification. Per the cited guidelines: 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; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (7) duration of pre-referral disability time; (8) prevalence of opioid use. This patient's date of injury was in 3/2013 therefore he had an increased duration of pre-referral disability time. Patient had moderate distress. These are negative predictors of efficacy and completion of the programs. The request of FRP 10 Sessions is not medically necessary for this patient.