

<b>Case Number:</b>	CM15-0090574		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/23/2003
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 23, 2003. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for a psychological evaluation as a precursor to pursuit of a functional restoration program. X-rays of the shoulder, conversely, were approved. The applicant was status post an earlier total shoulder replacement procedure, it was incidentally noted. An April 9, 2015 progress note and associated April 27, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported 6-7/10 shoulder pain complaints with associated spasm. The applicant stated that activities of daily living as basic as walking and/or getting up out of a chair remained problematic. The applicant was using Norco, Soma, BuTrans, and Percocet, it was reported towards the top of the report. The applicant was placed off of work, on total temporary disability. Multiple medications were renewed. The attending provider suggested that the applicant engage in cardiovascular exercises. The applicant had undergone multiple shoulder surgeries, it is incidentally noted. There was no seeming mention of the need for a functional restoration program evaluation on this date. In a progress note dated April 9, 2015, the applicant reported multifocal complaints of neck, shoulder, and knee pain with attendant insomnia. The applicant was using Norco, Soma, BuTrans, and Percocet, it was reported. The applicant did report issues with a depressed mood, it was acknowledged in the review of systems section of the note. MRI imaging of the left shoulder, x-rays of the right shoulder, and an interdisciplinary

evaluation to determine if the applicant's suitability for a functional restoration program were sought. The applicant was, however, placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Psychological evaluation for functional restoration program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

**Decision rationale:** No, the request for a functional restoration program evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment via a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, here, however, the applicant was off of work, on total temporary disability, as of the date of the request, April 9, 2015. There was no mention of the applicant's willingness to forego disability and/or indemnity benefits in an effort to try and improve. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the longer an applicant remains off of work, the less likely the applicant will return and/or the less likely it is that a multidisciplinary pain program will be effective. Here, the applicant has seemingly been off of work for what appeared to have been a minimum of several years as of the date of the request. It did not appear that the applicant was necessarily a good candidate for the functional restoration program and/or associated evaluation in question. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another cardinal criterion for pursuit of a chronic pain program or functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that applicants intent on pursuing a functional restoration program should not be candidates for surgery or other treatments would be clearly warranted to improve function. Here, however, the attending provider did acknowledge on April 9, 2015 that the applicant was significantly depressed. It did not appear, however, that the applicant had maximized mental health treatment. The applicant was not using any psychotropic medications as of April 9, 2015, i.e., the date on which the functional restoration program evaluation was proposed. MRI imaging of the left shoulder and x-rays of the right shoulder were ordered on April 9, 2015. If positive, these tests could have potentially resulted in the applicant's considering a surgical intervention involving one or both shoulders. For all of the stated reasons, then, the applicant was not a suitable candidate for the functional restoration program evaluation in question. Therefore, the request was not medically necessary.