

<b>Case Number:</b>	CM14-0148737		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/15/1999
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60-year-old female, who reported injury on 07/15/1999. The prior therapies included physical therapy, chiropractic therapy, nonopioid management, opioid management, and a home exercise program. The surgical history was noted to be none. The injured worker had an EMG in 2001 and an MRI. The injured worker's current medications were noted to include Tylenol, Advil, and Flector patches. Documentation of 07/28/2014 revealed the mechanism of injury was the injured worker was picking strawberries and slipped on a dirt clod and fell backwards. The injured worker's complaints included low back pain worse than the right leg pain. The injured worker was noted to experience pain radiating down the right leg in no specific dermatomal pattern. Physical examination revealed the injured worker had tenderness to palpation in the lumbar spine and right paralumbar musculature. The injured worker had no thigh or calf atrophy. The range of motion was decreased with forward flexion to the anterior thigh; extension and lateral flexion were accompanied by end range of motion pain. The straight leg raise was negative. The injured worker had decreased strength with hip flexion at 4/5 on the right side and EHL testing of 4/5. Sensation was intact to all lower extremity dermatomes. Deep tendon reflexes were 2+ and equal bilaterally; except the Achilles reflex was trace bilaterally. The injured worker had bilateral shoulder tenderness to palpation, the right more so than the left. There was tenderness to palpation along the subdeltoid region, suggesting bursitis. The injured worker had active range of motion discomfort of the bilateral shoulders. The diagnoses included bilateral rotator cuff tendinosis, right subdeltoid bursitis, chronic low back pain, and right L5 versus S1 radiculopathy. The treatment plan and discussion included that the injured worker had failed greater than 24 physical therapy sessions, chiropractic treatments, an individual home exercise program, and opioid and nonopioid management and was interested in a functional restoration program for a total contact of 50 hours. Documentation indicated an adequate and

thorough evaluation had been made, including baseline functional testing, so follow-up testing with the same tests could note functional improvement; previous methods of chronic pain management had been unsuccessful, including short acting medication trials, antineuropathic medication trials, physical therapy, and chiropractic treatment. The injured worker had a significant loss of ability to function independently at home, resulting from chronic pain. The injured worker was not a candidate where other surgeries are warranted. The injured worker had no option of further surgeries. The injured worker exhibited motivation and was willing to forego secondary gains. The physician documented that negative predictors of success had been addressed. There was a Request for Authorization submitted for review, dated 07/28/2014.

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

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

**2 Weeks (50 hours) of functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs), Chronic pain programs (fun.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

**Decision rationale:** The California MTUS Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review indicated the injured worker met the criteria. However, there was a lack of documentation of the official baseline functional test results to support the physician's statement that baseline functional testing had been provided. Given the above, the request for 2 Weeks (50 hours) of functional restoration program is not medically necessary.