

<b>Case Number:</b>	CM13-0015182		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 patient is a 51 year old female with a date of injury of 8/27/07. The utilization review (UR) determination being challenged is dated 8/15/13 and recommends a denial of 160 hours of the [REDACTED] (NCFRP) equivalent to 20 full day sessions. [REDACTED] is the requesting provider, and he provided treatment reports from 3/14/13 to 8/2/13. [REDACTED] notes the patient's diagnoses are: stenosis spinal lumbar, lumbar disc displacement without myelopathy, degeneration lumbar disc, sciatica, pain psychogenic NEC, carpal tunnel syndrome, acquired spondylolisthesis, and sprains and strains of the neck. There is an appeal letter dated 8/14/13 by [REDACTED], which was not included for review but referenced by the utilization review. It stated that the patient was an optimal candidate for the NCFRP because previous methods of treating her pain were unsuccessful and there was an absence of other options for significant clinical improvement. It was noted that she was provided extensive conservative care. She incurred an inability to function independently due to her chronic pain. She had previously undergone surgery and was not a candidate for repeat surgery. The patient was motivated to change and there were desirable outcomes, including decreasing post treatment care like medication, injections, and surgery. The patient had noted she was willing to decrease opioid use and that she would like to return to work. It was also noted that the patient had a prior evaluation for a baseline of her functional testing. The provider indicated that the patient conforms to all of the criteria for the NCFRP program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**160 hours of [REDACTED] (NCFRP) equivalent to 20 full day sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain management programs, functional restoration programs Page(s): 30-33, 49.

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding multidisciplinary pain management programs state that treatment is not recommended for longer than 2 weeks (14 days) without evidence of demonstrated efficacy as documented by subjective and objective gains. The utilization review letter dated 8/15/13 modified the request for 160 hours (20 full days) with a recommended certification of 112 hours (14 full day sessions), as the records appear to indicate that the patient fits within all of the criteria for the functional restoration program. It should be noted that the UR modification conforms to the MTUS Chronic Pain Guidelines as noted above. The request for 160 hours (20 days) of NCFRP exceeds the recommendations of the MTUS Chronic Pain Guidelines. Therefore, the request for 160 hours of NCFRP equivalent to 20 full day sessions is not medically necessary and appropriate.