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| <b>Case Number:</b>   | CM13-0047888 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 08/16/2003 |
| <b>Decision Date:</b> | 03/06/2014   | <b>UR Denial Date:</b>       | 10/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2013 |

### 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 and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old male [REDACTED] worker who incurred a work-related injury on 08/16/2003 to his low back when he bent over to remove debris while cleaning and inspecting the back bin. In the Progress Report dated 10/30/2013, the patient was seen for refill of his medications. It was noted that the patient is compliant with the use of his medication. He was diagnosed with inflammatory spondylopathy and lumbar post-laminectomy syndrome. The patient was prescribed with sublingual Buprenorphine HCl 2 mg. In the Progress Report dated 11/12/2013; the patient has completed the [REDACTED] Program. It was noted that he utilizes Buprenorphine which was increased slightly because of exacerbation of pain; however, overall the medication continues to work very well for him. He has no mood swings and ups and downs of the pain reduction. Date of service: 10/11/2013 note states that patient successfully completed the second week of the [REDACTED] Program and after two weeks is showing improvements in all aspects of his psychological and behavioral functional capability. He has been able -to actively engage in the program, we have observed a 25% reduction in his Initial symptoms of anxiety and depression and overall Improvements In his mood and his mental status. He is better able to cope and manage with his chronic pain. He Is less Isolated. He is more engaged with his family and community. He has a sitting tolerance of 25 minutes and overall continues to make good progress. Based on his active participation and benefit, we are requesting that the patient be approved for an additional 20 weeks of [REDACTED]. The FRP multidisciplinary conference Week Two progress report (with DOS from 10/17/13 to 10/11/13) indicates that the patient has completed the first ten days of the [REDACTED] P and remains engaged in both the physical and psychological portions of the multidisciplinary chronic pain treatment. UR dated 10/24/13 Specific Treatment Plan Requested 20 Days of Participation

in a [REDACTED] Program between 10/18/2013 and 12/17/2013. Determination date Thursday, October 24, 2013 UR Determination modified the prospective request for 10 Days of Participation in a [REDACTED] Program between 10/18/2013 and 12/17/2013. The question addressed in this review is whether 20 days in an [REDACTED] P is medically necessary.

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

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

**20 Days of participation in a functional restoration program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** 20 Days of participation in a [REDACTED] program is not medically necessary. Per documentation Week Two progress report (with DOS from 10/17/13 to 10/11/13) indicates that the patient has completed the first ten days of the [REDACTED] P. MTUS guidelines recommend not exceeding 20 full day sessions. There is no clear rationale from documentation why treatment in excess of 20 sessions is medically necessary. The recommended guideline recommend treatment up to 20 sessions and only with clear rationale for extension and reasonable goals to be achieved should there be a longer duration of treatment. Without this clear rationale the 20 days of participation in an [REDACTED] P are not medically necessary. Additionally, guidelines state that, " Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." A request for 20 sessions in this case would be equivalent to 4 weeks of treatment and therefore exceeds the recommended treatment duration prior to being able to evaluate efficacy of patient's subjective and objective gains made in the program. Therefore the request is not medically necessary.