

<b>Case Number:</b>	CM14-0003554		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 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 patient is a 54-year-old female with a date of injury of 4/9/2009. There is a request for the medical necessity of one functional restoration program initial evaluation. The diagnoses include cervical spondylosis without myelopathy, carpal tunnel syndrome, neck pain and disorder of the sacrum. A lumbar MRI from 9/10/13 shows bilateral L5 pars defect with grade II anterolisthesis of L5 on S I, severe bilateral foraminal stenosis with impingement of the bilateral LS nerve root, associated LS-SI severe degenerative disc disease, and a L4-5 central annular fissure. Flexion/extension x-rays do not show translation instability. MRI scan of the cervical spine on 6/21/10 which revealed multilevel diagnosis of spondylosis, moderate severe right C4-5 foraminal stenosis and probable right C5 nerve root impingement and moderate bilateral C5 to C7 foraminal stenosis. An Electromyogram (EMG) of the bilateral upper extremities on 8/02/13 revealed moderate bilateral median nerve neuropathy at the wrists consistent with carpal tunnel syndrome. There is a 1/14/14 appeal for the denial of a functional restoration evaluation. The appeal states that a prior exam reveals that the patient ambulates into the office without difficulty. The examination of the cervical spine shows well-preserved range of motion. She is able to bring her chin to her chest, extend to around 45 degrees, and rotate and tilt to the left and right to around 30 degrees. Palpatory exam does reveal spasm at the base of the cervical spine extending into the left cervicobrachial region with tenderness over the posterior elements of the cervical spine over the facet joints. Range of motion around the shoulders, elbows, wrists, and digits is within normal limits. There is some mild epicondyle tenderness and bicipital tenderness on the left, absent on the right. Tinel's sign is positive over the left carpal tunnel, negative on the right, and negative over the cubital tunnels bilaterally, There are no gross motor deficits in the bilateral upper extremities, although it is somewhat difficult to examine secondary to guarding.

Reflexes are 2+ and equal at the biceps, triceps, and brachioradialis. Straight leg raise negative bilaterally, There is spasm and guarding at the base of the lumbar spine. Reflexes are 2+ and equal at the patellar and Achilles regions. Motor examination is 5+ and equal in regards to thigh flexion, leg flexion and extension, ankle dorsi and plantar flexion. The appeal states that while the patient has responded to previous physical therapy, this has not resulted in her ability to significantly improve from a functional standpoint. Furthermore, the patient has declined psychologically. The patient is motivated to improve and hopefully return to work. A 2/4/14 office visit note states, that the patient notes that she has been going for physical therapy (PT) for her bilateral hands and her lumbar spine. She notes that she has had better strength and range of motion. She has been doing home exercise program (HEP) with benefit. She uses medications intermittently for severe pain only. She notes that she requires help with housework and yard work. She has to rest a lot in between activities due to pain. Patient does report of depressive symptoms of hopelessness and anxiety secondary to their chronic pain. On physical exam, the patient's mood and affect were appropriate. Patient's gait was grossly normal and non-antalgic. Patient ambulated into the room without assistance. Her medications included Nabumetone-relafen and Tizanidine. Patient presents with chronic neck, back and upper extremity pain. The document again states that the provider feels that the patient will benefit from a multidisciplinary program in order to treat her chronic pain. The document states that the patient has received approval for twelve (12) more sessions of physical therapy for the hand and twelve (12) sessions of the back. There is also approval for six (6) sessions of massage therapy. Patient is also having muscles tension and spasms in the back and therefore we will request for six (6) sessions of massage therapy in conjunction with physical therapy. Patient would like to avoid invasive procedures including epidural injection or surgery at this time but the provider states that epidurals may need to be considered if the pain continues.

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

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

#### **1 FUNCTIONAL RESTORATION PROGRAM INITIAL EVALUATION: 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 Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

**Decision rationale:** The Chronic Pain guidelines state that the criteria for a functional restoration program include that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; that the patient has a significant loss of ability to function independently resulting from the chronic pain and the patient is not a candidate where surgery or other treatments would clearly be warranted. The documentation submitted, does not reveal that the patient has a significant loss of ability to function independently. The documentation notes that she has had better strength and range of motion from physical therapy and that she has been doing home exercise program (HEP) with benefit. The documentation indicates the patient was approved for physical therapy (PT) and massage therapy, and may need epidural injections in the future. This is not in agreement with the guidelines for a functional restoration program which state that there are an absence of other options likely to result in significant clinical improvement or that the patient is not a candidate for treatments that may be warranted. The request for one functional restoration program initial evaluation is not medically necessary.

