

<b>Case Number:</b>	CM14-0100949		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/02/2005
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational Medicine 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:

There was an application for independent medical review dated June 30, 2014. The disagreement was functional restoration Monday through Friday 8:30 to 4:30 for 3 more weeks (15 more days of participation in functional restoration program for a total of 30 days): modified to allow functional restoration program Monday through Friday 8:30 to 4 pm for five additional days (one additional week). Per the records provided, the patient was described as a 53-year-old female who was injured back in the year 1995. A magnetic resonance imaging (MRI) of the lumbar spine from October 18, 2010 showed loss of lumbar lordosis, multilevel disc bulges and herniation protrusion and L5-S1 intervertebral disc shows bilateral interosseous foraminal protrusion. An electromyography (EMG) from November 1, 2010 showed no evidence of generalized peripheral neuropathy, peripheral nerve entrapment or acute lumbosacral plexopathy or radiculopathy. Given the normal limb EMG, this finding was felt to be secondary to her history of lumbar radiculopathy and the surgery that followed. An MRI of the right ankle from December 15, 2011 showed mild osteoarthritis. Future medical treatment was to include a possible functional restoration program, but no further detail was mentioned. The patient had a psychological assessment for the program on March 6, 2014. The physical and functional therapy evaluation noted the patient had constant pain at 78 out of a 100 scale, and self-rated her functional impairment at 100 out of 100 due to flare-ups every other day. She inhibits her movement because she believes it will cause damage. Her goal is to work as a cosmetologist. A prior peer review from April 2, 2014 modified the request for the program Monday through Friday for 20 days to allow a functional restoration program for an initial two-week trial. Pending the results of the trial future request could be considered. It was noted that the patient remains symptomatic despite extensive treatment to date. She has been weaned from opiates. She has significant functional impairments. There was a progress report provided through May 16.

Her depression score changed minimally from 51 to 52. The anxiety score minimally improvement from 53 to 54. The stress score was unchanged. Gait was improved. The peer review from May 22nd recommended five additional days. The claimant was already approved for two weeks at that time and with the additional week was approved for total three weeks or 112.5 hours or 37.5 hours per week times three. This is now a request for three more weeks in the program or 15 more days. Based on the most updated assessment, the patient appeared to be reaching a plateau. Some of the improvement actually worsened on comparison to week one in the program. This was the basis to modify the request.

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

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

**Additional functional restoration 5 days a week for 3 more weeks (15 additional days):**

Upheld

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

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

7. Decision based on Non-MTUS Citation Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references].

**Decision rationale:** The MTUS gives a clear role to functional restoration programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. However, there is a limit to the effectiveness in such programs. In the National Guidelines Clearinghouse, under chronic, non-malignant pain, treatment intensity, the following is stated: "Regardless of the number of hours per day or days per week the patient has seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplished within a maximum of 20 treatment days." The patient has reached a plateau, and has exhausted and exceeded what is ordinarily effective. The request for the additional days is not medically necessary under the evidence-based criteria.