

<b>Case Number:</b>	CM14-0010696		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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, has a subspecialty in Pain Management 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 38 year old male who reported an injury on 08/13/2012. The mechanism of injury reportedly occurred when the injured worker was struck in the head by a falling ladder. The injured worker's diagnoses included posttraumatic headache, sprain neck and myofascial pain syndrome. Prior treatment included physical therapy and psychological treatment. Diagnostic studies included an MRI of the cervical spine. Surgical history was not provided in the medical records. The injured worker complained of back and neck pain which radiated from the back of the neck to the eyes. He described his pain as aching, sharp, stabbing, burning and throbbing. The injured worker rated his pain 10/10 and constant, lasting throughout the day. The injured worker received relief by lying down with medications and relaxation. A urine drug screen was performed on 05/14/2013 which was consistent with the injured worker's prescribed medication regimen. The functional capacity evaluation dated 09/18/2013 noted the injured worker's occupation as an electrician required the injured worker to function at a high physical demand level. The physician noted the injured worker was not able to function in any of the physical demand categories. The provider recommended the injured worker participate in physical therapy. The psychological evaluation dated 10/01/2013 noted the injured worker underwent testing including the Beck Depression Inventory, Beck Anxiety Inventory, Hamilton Depression Scale, and a McGill Pain Questionnaire. The injured worker's global assessment functioning score at the evaluation was 60. The injured worker was diagnosed with acute-chronic pain and depression. The provider recommended the injured worker enter into an interdisciplinary chronic pain management program. The clinical note dated 11/21/2013 reported no crepitus was noted in the extremities. Trigger points were present upon palpation in the upper trapezius, mid-trapezius, lower trapezius, sternocleidomastoid, semi-spinalis, capitis, splenius capitis and lumbosacral region bilaterally. Sensation to light touch was intact bilaterally in the

C5-C8 and L3-S1 dermatomes. The injured worker had normal motor strength. Medications included Topamax, Norco, Trazadone and Lidocaine patches. The treatment plan included a request for functional restoration program, 10 day trial, 2x/ week. The rationale for the request was to decrease his pain, improve his sleep, decrease depression or anxiety and increase his activities of daily living. The request for authorization was not provided within the medical records.

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

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

#### **FUNCTIONAL RESTORATION PROGRAM, 10 DAY TRIAL, 2X/ WEEK: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** The request Decision for functional restoration program, 10 day trial, 2x/ week is not medically necessary. The California MTUS guidelines note outpatient pain rehabilitation programs may be considered medically necessary when an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. There must be evidence 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 and the patient has a significant loss of ability to function independently resulting from the chronic pain. There should be evidence that the patient is not a candidate where surgery or other treatments would clearly be and the patient should exhibit the motivation to change, and be willing to forgo secondary gains, including disability payments to effect this change. The guidelines also recommend addressing negative predictors of success. There is a lack of documentation provided including information pertaining to the injured workers previous physical therapy. The documentation included Functional Capacity Evaluation dated 09/18/2013 and a psychological assessment dated 10/01/2013; however, the evaluations are over 1 year old and do not demonstrate current assessments of the injured worker's present condition. The requesting physician did not include a recent, adequate and thorough evaluation, including baseline functional testing. There is a lack of recent documentation demonstrating the injured worker is motivated to change. Therefore the request for Functional Restoration Program is not medically necessary.