

<b>Case Number:</b>	CM14-0011606		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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:

Injured worker is a female with date of injury 2/25/2011. Per progress report, the injured worker complains of neck pain, headache, shoulder pain and arm pain. She has had benefits from TENS unit, oral pain medication and meditation. She feels that the oral pain medication has cause her GI problems. She has been seen for panic attacks, depression and anxiety. Her current pain severity is 8/10, her least pain severity being 7/10 and worst pain severity being 9/10. Her pain is described as aching, burning. There are no positive exam findings reported. Diagnoses include 1) displacement of cervical disc without myelopathy 2) degeneration of cervical intervertebral disc 3) brachial neuritis or radiculitis NOS, cervical radiculitis, radicular syndrome 4) cervical spondylosis without myelopathy 5) spinal stenosis in cervical region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPREHENSIVE MULTIDISCIPLINARY ASSESSMENT FOR FUNCTIONAL RESTORATION PROGRAM:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS Page(s): 31-34.

**Decision rationale:** The requesting physician reports that a request for C3-4 and C45 medial branch blocks had been denied, but the claims administrator notes that this request had been approved but not yet performed. The claims administrator notes that gabapentin has not been utilized to optimize the medical management of chronic and neuropathic pain, however on review it is noted that the injured worker has an allergy to this medication. Other treatments not yet utilized per the claims administrator include SNRI and TCA anti-depressants as analgesic adjuvants, however the injured worker is currently being prescribed an SSRI anti-depressant. The requesting physician's progress report states that the injured worker is looking for a program that can offer her a multi-faceted approach to pain management that allows her to learn more skills to help better manage her pain with less oral medication. Although oral pain medication have been reported as beneficial, she reports that they cause her GI problems. Per the MTUS guidelines, the use of functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. The injured worker expresses interest in such a program to reduce oral medication use, but the guidelines specifically state that patients should be motivated to improve and return to work, and such motivation is not addressed with this request. The claims administrator notes that the criteria for the use of a functional restoration program have not been established, but this is a request for an assessment for a functional restoration program. Until an assessment for such a program is performed for this injured worker, it is not possible to determine the medical necessity to implement such a program. The request for comprehensive multidisciplinary assessment for functional restoration program is determined to be medically necessary.