

<b>Case Number:</b>	CM14-0113848		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/14/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Interventional Spine 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 patient is a 51 year old male with an injury date of 07/14/10. The 06/12/14 report by ■■■■■ states that the patient presents with neck pain radiating to the right knee and hands. Pain is rated 4/10 and described as aching and sharp, and it is exacerbated by sitting and relieved by walking. Associated symptoms include tingling. The treater notes the patient is temporarily totally disabled until the next appointment (4 week follow up). Examination reveals restricted range of motion to the cervical spine with positive Spurling's test. Hoffman's test bilaterally is positive. The patient's diagnoses include: 1. Cervical disc degeneration 2. Cervical disc disorder with myelopathy 3. Chronic pain syndrome Current medications are listed as Biofreeze with Ilex Gel, Tramadol, Fluoxetine, and Mirtazapine. The treater requests for a functional restoration program 10 days treatment. The utilization review being challenged is dated 07/01/14. The rationale is that there is no indication the patient is motivated to change and is willing to fore go secondary gains including disability payments. Baseline functional testing has not been documented. Treatment reports were provided from 04/04/13 to 06/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program, 10 Days: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment Index, 11th Edition, Web - Functional Restoration Programs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs).

**Decision rationale:** The patient presents with neck pain both achy and sharp rated 4/10 that radiates to the right knee and the hands. The treater requests for Functional restoration program 10 days treatment. MTUS guidelines pages 30-33 states the following regarding functional restoration programs, "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery." MTUS page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The negative factors include the following: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. The 05/28/14 Functional Capacity Evaluation summary report by [REDACTED] states the patient will be able to benefit from the program to improve limited range of motion and strength throughout the neck and upper extremities, increase endurance for work activities, reduce pain and provide education for pain management techniques, maximize functional recovery and reduce the risk for further injury and trauma. Per the 06/12/14 report the treater thoroughly discusses the requested trial and states that the patient has not responded well to previous methods of treatment including physical therapy and surgery; cites the patient's problems with sleep, and decreased ADLs, energy and concentration, and that the patient is not a candidate for surgery. The 05/28/14 Functional Capacity Evaluation by [REDACTED] states the patient exhibited full effort and motivation in tests. The 06/12/14 report further addresses favorably the negative predictors noted above numbers 1-5, 7 and 9. The treatment report states the patient smokes 1 cigarette a day. The treater further notes a goal of the program is to reduce the patient's opioid use by 30% and to increase awareness of personal strengths to control pain and medication use. The request is medically necessary.