

<b>Case Number:</b>	CM14-0150437		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/04/2005
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 52 year old female who sustained a work injury on 12-4-05. Progress notes from her CPMP notes the claimant was motivated. She was started on NSAID and tapered off Fentanyl patches. She was refraining from using Remeron. It was felt that the claimant would benefit from another 4 weeks from a CPMP. On 7-21-14 it was noted the claimant had completed three weeks of the intensive pain management functional rehabilitation program. ██████ noted that she was in week four of this program. She had made significant gains in all modalities. It was expected that the claimant's use of Hydrocodone will also be tapered. She has made 50% improvement in her range of motion. She has also gained for the first time control over her OCD tendencies. Diagnosis includes neuropathic and myofascial pain affecting the right upper and right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 2-week Functional Comprehensive Plan Program (10 sessions) for the management of symptoms related to the cervical spine, as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Pain chapter - criteria for multidisciplinary pain management program

**Decision rationale:** Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. ODG notes that total treatment duration should generally not exceed 4 weeks (20 full-days or 160 hours), or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities. (Sanders, 2005) If treatment duration in excess of 4 weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed). Medical Records reflect this claimant has already completed 3-4 weeks of the program with functional improvement without documentation of the total hours participated. Therefore, an additional 2 weeks exceeds current treatment guidelines recommendations for completion of this type of program. Therefore, based on the records provided, the medical necessity of this request is not established.