

Case Number:	CM14-0158020		
Date Assigned:	10/01/2014	Date of Injury:	10/24/2012
Decision Date:	10/29/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal 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:

The patient is an injured worker with the chronic neck and back conditions. The date of injury was 10/24/12. Agreed medical evaluator (AME) report dated May 13, 2014 documented that the patient is status post low back surgery performed 2/21/13. The patient is status post 10/24/12 vehicular accident. She has a history of left sacral body fracture extending to the sacroiliac joints and a fracture of the left transverse process of L5. The patient is status post 2/21/13 left-sided hemilaminotomy and microdiscectomy at L5-SI. Medical history included post-concussion syndrome, cervical spondylosis, thoracic spondylosis, lumbar spondylosis, and history of migraine headaches. Current medications were Gabapentin, Oxycodone, Percocet, Fluoxetine, Naproxen, Hydrochlorothiazide, and Metoprolol. On physical examination, the patient walks slowly with a slight limping gait. There is no upper body muscular atrophy. She has discomfort in the low back area, over the medial right epicondyle, over the medial left knee, at the insertion of the left lateral hamstrings into the knee area, and to deep palpation of the right lateral distal metatarsals. She has full cervical, shoulder, and upper extremity range of motion, but for the elbow describes discomfort with full extension. She had back flexibility at 50% of expected with discomfort at the ends of range. Lower body range of motion was otherwise within normal limits. Her grip strength was in the 40-pound range on the right using a Jamar dynamometer and the 50-pound range on the left, although manual muscle testing was otherwise normal. Sensation was intact in both the upper and lower body. Straight leg raising was negative. Tandem gait was adequate. Rapid alternating movements were adequate. Cranial nerve testing was grossly intact. Ulnar Tinel's was negative at both elbows. Median Tinel's and Phalen's tests were negative bilaterally. She has neck and left upper extremity symptoms with numbness and tingling into the fourth and fifth fingers, but also right elbow area discomfort. She has daily headaches. She has constant, sharp mid and low back pain. She does have radiation down both legs. She develops

coccygeal numbness with prolonged sitting. Her right foot has intermittent pain when she walks. She cannot walk on her tiptoes with her right foot. She cannot fully extend her left leg and knee. All of her injuries have been treated conservatively, but she presents with a chronic pain syndrome with complicating psychiatric comorbidity and some evidence to support the diagnosis of a post-concussion syndrome with cognitive dysfunction. She underwent a left-sided hemilaminotomy and microdiscectomy at L5-S1 a year ago on 2/21/13. She saw her orthopedic spine surgeon recently and he has suggested a disc replacement surgery. Agreed medical evaluator (AME) report dated June 30, 2014 documented that the patient was status post lumbar surgery. She had multilevel thoracic degenerative changes and C5-6 degenerative disc disease. Sub rosa videos on 1/29/14 and suggested that there were some inconsistencies of a relatively mild nature. The patient reported to that [REDACTED] has recommended a disc replacement surgery. She recently saw physiatrist on 5/5/14, and further treatment has been prescribed. Pain psychology report dated 7/7/14 documented that the patient was injured when she was rear ended by a garbage truck. She reported pain in her back and legs, as well as symptoms of posttraumatic stress disorder and panic disorder. Diagnoses included pain disorder with psychological factors and general medical condition, major depressive disorder, post-traumatic stress disorder, panic disorder with agoraphobia, and chronic pain syndrome. Medical history included L5 transverse process fracture, nondisplaced sacral fracture, elbow tendinopathy, and cervical strain and cervicgia. Utilization review determination date was 9/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program (FRPs) Page(s): 49 and 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs and Functional restoration programs (FRPs), Biopsychosocial model of ch.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have

been addressed. Access to programs with proven successful outcomes is required. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. MTUS criteria require that the patient is not a candidate for surgery. Agreed medical evaluator (AME) report dated May 13, 2014 documented the patient saw her orthopedic spine surgeon recently and the surgeon has suggested a disc replacement surgery. MTUS criteria require an absence of treatment options. Agreed medical evaluator (AME) report dated June 30, 2014 documented that a disc replacement surgery has been recommended. She saw a physiatrist on 5/5/14, and further treatment has been prescribed. Sub rosa videos on 1/29/14 suggested that there were some inconsistencies. MTUS criteria require that the patient exhibit motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. This is not documented in the submitted medical records. MTUS criteria for FRP are not met. Per MTUS guidelines, treatment is not suggested for longer than 2 weeks. The request for FRP does not specify the duration of the FRP program. A FRP program of unspecified length cannot be endorsed. Medical records do not support the medical necessity of a functional restoration program (FRP) in accordance with MTUS guidelines. Therefore, the request for Functional restoration program is not medically necessary.