

<b>Case Number:</b>	CM14-0166034		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury May 24, 2012. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; multilevel cervical fusion surgery; and extensive periods of time off of work. In a Utilization Review Report dated September 22, 2014, the claims administrator denied an [REDACTED] Restorative Evaluation/ Functional Restoration Program of precursor evaluation. The applicant's attorney subsequently appealed. In a handwritten progress note dated July 1, 2014, the applicant reported ongoing complaints of neck pain. The applicant was placed off of work, on total temporary disability, while Norco and Flexeril were renewed. The documentation was sparse, handwritten, and difficult to follow. In a July 20, 2014 progress note, the applicant was described as having ongoing complaints of neck pain and headaches. The applicant was asked to consider cervical radiofrequency ablation procedures. Norco, Prilosec, electrodiagnostic testing of the upper extremities, cervical spine x-ray, and an [REDACTED] Functional Restoration Program Evaluation were again endorsed. The applicant was kept off of work. In an October 15, 2014 progress note, the applicant was asked to continue Norco, Flexeril, and a TENS unit while obtaining medial branch blocks. The applicant received trigger point injections in the clinic setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] restorative evaluation per RFA dated 08/04/2014 Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain and Chronic Pain Programs Page(s): 6, 32.

**Decision rationale:** While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve. In this case, however, it was not clearly stated that the applicant was, in fact, willing to make the effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that other criteria for pursuit of a functional restoration program/chronic pain program include evidence that an applicant exhibits a motivation to change and is willing to forego secondary gains, including disability payments, to effect said change. In this case, again, there was no mention of the applicant's willingness to forego disability payments/indemnity payments in an effort to try and improve. Page 36 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another criterion for pursuit of a functional restoration program/chronic pain program include evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the attending provider, however, indicated that the applicant was pursuing a variety of other treatments, including physical therapy and opioid therapy. The applicant received trigger point injections on October 15, 2014 and was in the process of pursuing cervical medial branch block/radiofrequency ablation procedures. Thus, it does appear that there are/were a variety of other pending treatments which would potentially result in further improvement. The [REDACTED] Restorative Evaluation, thus, is not indicated in light of the fact that multiple other treatments which could potentially generate improvement are pending. Therefore, the request is not medically necessary.