

Case Number:	CM14-0175361		
Date Assigned:	10/28/2014	Date of Injury:	10/28/1995
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 Emergency 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 injured worker is a 61-year-old male who reported an injury on 10/28/1995 due to an unknown mechanism. Diagnoses were herniation of lumbar intervertebral discs, lumbar radiculopathy, degeneration of lumbar intervertebral discs, displacement of cervical intervertebral discs with myelopathy, insomnia, depression, and chronic pain. Past treatments were numerous sessions of physical therapy, acupuncture, cervical facet joint injections, left C6 transforaminal epidural steroid injection, lumbar epidural steroid injections, and radiofrequency ablation. The injured worker had a psychological evaluation as part of the multidisciplinary evaluation for a functional restoration program on 08/12/2014. The injured worker had a Beck Depression Inventory test, a Beck Anxiety Inventory, Tampa Scale for Kinesophobia, Patient Health Questionnaire, Pain Catastrophizing Scale, and Survey of Pain Attitude test. It was reported that the injured worker suffered a number of injuries as a firefighter. In 1993, the injured worker injured his neck and left arm while lifting a man out of a burning car. On 10/28/1995, he injured his lower back while lifting and carrying a 50 pound fire hose. He underwent an L4-5 fusion in 1996. He eventually had a C5-7 anterior cervical discectomy and fusion in 1999 for his ongoing neck and left arm pain. In 2005, he suffered a right radial wrist fracture and underwent an open reduction and internal fixation. He then underwent an L2-3 laminectomy in 2007. He has been diagnosed with a chronic C6 radiculopathy. The injured worker did have left foot drop, but this eventually resolved. He also suffered a right tibial plateau fracture in 2012 and underwent another open reduction internal fixation surgery. The injured worker has been trialed on a number of different opioid medications, including MS-Contin, morphine, Dilaudid, Fentanyl, methadone, and Norco. When the injured worker suffered his right tibial plateau fracture in 2012, he was placed on Dilaudid at the time, which was eventually changed to Norco. He was transitioned to Fentanyl patch, but this led to increasing

pain and distress. The injured worker was actually bedbound during this time. He has recently been changed back to methadone and seems to be doing better on this. The injured worker would like to learn nonmedication strategies to manage his pain so he can reduce his overall opioid burden. Attempts as an outpatient have been unsuccessful and he is very interested in participating in a functional restoration program to assist him in making these medication changes. The injured worker is currently retired, but does volunteer and teach safety classes to the community. He is currently engaging in ham radio operation as a hobby and is able to complete his activities of daily living independently, but with some pain. Test results for the Beck Depression Inventory, the injured worker scored a 4, indicating minimal mood symptoms. It was noted that the injured worker currently was taking Zoloft. On the Beck Anxiety Inventory, the test score was 2, indicating minimal anxiety symptoms. On the Patient Health Questionnaire, the injured worker scored a 4, indicating minimal mood symptoms. On the Tampa Scale for Kinesophobia, the injured worker scored a 19, indicating that he does not have a significant fear of movement or reinjury. On the Pain Catastrophizing Scale test, the injured worker scored a 0. On the Survey of Pain Attitudes, the injured worker scored control-37, motion-21, disability-11, harm-5, medication-14, solicitude-0, and medical cure-5. It was reported that the injured worker was functioning psychologically rather well. But it was noted that his pain was poorly managed when he changed his medication to Fentanyl patch. The injured worker became increasingly depressed at that time. It was reported that the injured worker scored a 19 on the Tampa Scale for Kinesophobia. It was noted that while this is not clinically significant, the injured worker does seem to have a fear regarding increased pain after his issues with the Fentanyl patch. This fear is likely to be a barrier to reducing his medication. Cognitive restructuring around this fear and coping skills would likely decrease the fear and improve his ability to function on lower levels of medication. Treatment plan was for a decision of 10 days in functional restoration program. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 days in 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 Chronic Pain Program, Criteria for the General use of Multidisciplinary Pain Management Programs.

Decision rationale: The California Medical Treatment Utilization Schedule states criteria for the general use of multidisciplinary pain management programs are (1) an adequate and thorough evaluation has been made including baseline functional testing so follow-up with the same tests 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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided), (5)

the patient exhibits motivation to change, and is willing to forego secondary gains, including disability payments to effect this change, (6) negative predictors of success above have been address. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a biweekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. 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. The injured worker has had all of the necessary psychological testing including the BAI, and BDI. The injured worker has exhausted conservative care, and is not a candidate where surgery or other treatments are clearly indicated. The patient does exhibit motivation to change, and is willing to forego secondary gains. Therefore, this request for 10 days in functional restoration program is medically necessary