

<b>Case Number:</b>	CM14-0184906		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/18/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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:

This is a 49-year-old female with a work related history dated November 2012. According to the summary from the rehabilitation program for weeks October 27, 2014 through October 31, 2014, the worker was documented as having chronic pain in the lower back that was significantly affecting her quality of life as well as her ability to function and interact with others. The worker had reported that the treatment had given her hope and motivation to functionally improve; she was practicing self-management-pain-coping techniques with reported improvements in physical and psychological functioning. The worker was reported to have intermittent exacerbation of pain following the physical therapy sessions. Functional measurements reflected pain intensity of 8.5 at week one and 4.8 at week three. Pain interference was 9.7 at week one and 7.9 at week three. Depression was rated 23 at week one and 15 at week three and anxiety rated at 21 with week one and 13 at week three. Range of motion measures had improved from cervical spine range of motion flexion from 35 to 40 degrees and right upper extremity improved for 142 to 150 degrees and left upper extremity abduction from 125 to 135 degrees. Functional improvement was documented as lunging for 50 percent to 60 percent bilaterally and lifting floor to waist and waist to shoulder from 6.5 pounds to nine pounds. Per the utilization review documentation dated October 29, 2014, the worker had a treatment history of three weeks (80 hours) of a pain rehabilitation program and had been taking naproxen for pain management. Results of treatment reflected pain score had been reduced by 40 percent however; functional capacity had not changed with 80 hours of rehabilitation. The request for an additional 80 hours of rehabilitation was non-covered with the rationale that there was no indication for continued therapy. The documentation reflected minimal medications, stabilized psych scores and no improvement being made in the lifting requirements to warrant rehab. Based on this documentation the request

for [REDACTED] additional 80 hours was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

[REDACTED] **additional 80 hours:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorational Programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

**Decision rationale:** CA MTUS considers 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 when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (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 (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 forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Negative predictors of success include (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) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly 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. In this case, the claimant has clear documentation of improved pain, improved mood. An additional 80 hours of [REDACTED] [REDACTED] is medically necessary.