

<b>Case Number:</b>	CM14-0192224		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/11/2005
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 pain reportedly associated with an industrial injury of March 11, 2005. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for 10 sessions of a functional restoration program. The claims administrator did note that the applicant had received a previous epidural steroid injection therapy, physical therapy, manipulative therapy, psychotherapy, and an H-wave device. The claims administrator stated that the requesting provider had not furnished any documentation of the applicant's willingness to return to work and/or fore-go disability payments in an effort to do so. The claims administrator stated that its decision was based on a behavioral health evaluation of September 2, 2014 and a physical therapy evaluation of September 23, 2014. The applicant's attorney subsequently appealed. In an October 20, 2014 progress note, the applicant reported persistent complaints of pain. The applicant stated that her medications were working well and that she was very happy with the results of recent pain skills coping group. The applicant's medication list included Celebrex, Norco, Zanaflex, Lidoderm, Neurontin, and Cymbalta. The applicant's BMI was 16. The applicant's primary pain generator was the cervical spine. The attending provider stated that he was going to request a functional restoration program. The attending provider stated that Cymbalta was ameliorating the applicant's pain and that a recent epidural steroid injection had also been beneficial. The applicant was asked to employ Norco and Neurontin at a decreased rate. An occipital nerve block was sought. Permanent work restrictions were renewed, as were Neurontin, Norco, Desyrel, Zanaflex, Cymbalta, and Celebrex. In an October 20, 2014 supplemental report, the applicant's psychologist stated that the applicant was socially isolated, felt that she was unable to be productive, and was often fatigued during the day. On September 22, 2014, permanent work restrictions were renewed. The applicant had received 10 sessions of

group pain management skills classes/group coping classes, it was stated. The applicant was also looking forward to improving her endurance via conventional physical therapy, it was suggested. Several progress notes interspersed throughout August and September 2014 suggested that the applicant had participated in a pain education and coping skills group with some benefit appreciated as a result of the same. A cervical epidural steroid injection was performed on August 19, 2014.

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

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

**10 sessions of functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuits of a functional restoration program is evidence that there is absence of other options likely resulting in significant clinical improvements. In this case, the requesting provider has stated that other treatments, including psychotropic medications, such as Cymbalta, have proven effective in ameliorating the applicant's depressive symptoms. The attending provider has also stated that the pain skills coping group class, which the applicant attended in August and September 2014 had also generated some improvement. Physical therapy performed in August and September 2014 had likewise generated some improvement, as did an epidural steroid injection performed on August 19, 2014. It does not appear, in short, that previous meds in treating chronic pain have proven unsuccessful and there is an absence of other options which would likely result in significant clinical improvement here. Several of the applicant's treating providers have stated that pain skills coping, pain psychology, psychotropic medications, analgesic medications, adjuvant medications, physical therapy, and injection therapy have all proven successful here, effectively obviating the need for the proposed functional restoration program. Therefore, the request is not medically necessary.