

<b>Case Number:</b>	CM14-0021870		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of February 26, 2012. A progress report dated February 26, 2014 identifies subjective of complaints including poor sleep, using Norco 4 per day, and pain is 5/10 with medication. Without medication the pain is 10/10 in the patient is unable to function. The note indicates that the patient was unable to attend an addiction consult due to illness and would like to be rescheduled. Physical examination findings identify stiff antalgic gait due to back pain, functional range of motion, normal strength and sensation in the lower extremities. Diagnoses include lumbar sprain/strain, Lumbago, and chronic pain syndrome. The treatment plan request Norco, TENS unit, and return in 3 months. An authorization request dated January 17, 2014 indicates that a request is being put forth for 3 weeks of part day treatment equating to 2 full weeks of the functional restoration program. A summary report dated January 17, 2014 indicates that the patient has received treatment from January 7, 2014 to January 24, 2014. Improvements thus far have included improved body mechanics, task persistence, pacing, using relaxation techniques, and using positive self-statements. Her sitting tolerance remained unchanged due to increased pain in her lower back, she was unable to be tested regarding carrying due to extreme anxiety and fear she continues to demonstrate high level of anxiety with tearfulness in relation to exercise. In terms of medication reduction, the patient disclosed that she has been taking more medication than previously reported. Her pain medication was then reevaluated and adjusted, but still had to be further increased. Her benzodiazepine dose has also been increased. Consultation is recommended for an addiction specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL THREE (3) WEEKS OF HELP INTERDISCIPLINARY PAIN REHABILITATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49.

**Decision rationale:** Regarding the request for a 3 week rehabilitation program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, it is clear the patient has undergone 2 weeks of the functional restoration program with 3 having already been authorized. During those 2 weeks, the patient has not made any physical progress, has had her pain medication increased, and has had her benzodiazepine dose increased. It seems that the only progress made so far is in the realm of coping strategies and psychological interventions for chronic pain. Additionally, the patient has some negative predictors of success in the form of being untruthful regarding her use of opiate pain medication, and the need for opiate dose escalation during the functional restoration program despite minimal exercise participation. At this point, it is unclear whether the patient should continue in a functional restoration program. One additional week, as already authorized, should be sufficient to help clarify these issues. However, further treatment beyond the one week which is already been authorized is not supported by guidelines in the absence of documentation of functional improvement as a result of the treatment already provided. Therefore, the currently requested additional 3 weeks of interdisciplinary pain rehabilitation program is not medically necessary.