

<b>Case Number:</b>	CM14-0031604		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 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 41 year old female with an original date of injury of October 19, 2011. The injured worker's diagnoses include cervical radiculopathy, cervical spondylosis, cervical strain, and tension headache. The patient had a comprehensive multidisciplinary evaluation in January 2014. That evaluation documented a pain score of 6 out of 10 and physical exam findings of reduced cervical range of motion, and psychological evaluation that noted significant impact on psychosocial health with symptoms of depression and anxiety. The patient is being managed on Cymbalta and Tylenol, with multiple prior medications trials including Flexeril, Flector, Vicodin, and Lidoderm. The patient has had epidural injections which have helped with headaches. Physical therapy was tried in the past and did not provide significant benefit. A utilization review determination on February 10, 2014 had modified the request for 20 session to 10 session of Functional Restoration Program (FRP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Rehabilitation Program x 20 days (FRP): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoral Program Section>, page(s) 31-33 Page(s): 31-33.

**Decision rationale:** Guidelines state that FRPs are recommended where there is access to programs with proven successful outcomes, and for patients with conditions that put them at risk of delayed recovery. Also called multidisciplinary pain programs or interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy and occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the gold-standard content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. In this case, the functional restoration program is warranted, but the disputed issue is the number of initial trial visits. The guidelines specifically state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore it is reasonable to have the patient participate in a trial of 10 sessions, during which time the patient would have biweekly conferences to monitor for functional gain. If functional improvement is noted, a continuation beyond 10 sessions could be requested at that time. Based on guideline recommendations, this request for 20 sessions is not medically necessary.