

<b>Case Number:</b>	CM14-0046057		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/08/1995
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 and Rehabilitation 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 70-year-old female with a reported date of injury on 03/08/1995. The mechanism of injury was due to continuous trauma. Her diagnoses were noted to include cervical spine musculoligamentous strain with advanced disc degeneration to C4-5, moderate disc degeneration to C5-6, lateral epicondylitis, bilateral shoulder strain, residual carpal tunnel release, left wrist carpal tunnel syndrome, lumbar spine strain, and atypical fibromyalgia. Her previous treatments were noted to include aquatic therapy, shockwave therapy, cervical traction, physical therapy, surgery, acupuncture, and medication. The progress note dated 01/09/2014 revealed the injured worker complained of severe neck pain radiating down both arms and into the hands, including the elbows and fingers. The injured worker reported her activity level had improved; however, she paid the price for that increased activity level due to pain. The injured worker reported the pain was 9/10 unless she took some medication and stated it was at its worst described as sharp, constant, just waxing and waning in severity depending on the activity. The injured worker rated her pain as 9/10 with an average of 8/10 to 10/10. The physical examination was not documented within the medical records. The provider indicated the injured worker had begun meditation and started a small faction in her neighborhood for seniors which supported his belief she would make a great candidate for the NESP-R program. The progress note dated 04/28/2014 revealed the injured worker rated her pain 9/10 and complained it had been 9/10 over the past week. The physical examination revealed normal blood pressure and there was a lack of clinical findings. The provider indicated the injured worker had continued to improve and had improved significantly from even a year ago in terms of her mental status, her physical function, and her pain level. The progress note dated 06/11/2014 reported complaints of neck pain, bilateral upper shoulder pain radiating to the arms and hands, and also pain in the chest and upper back. The injured worker reported the pain in the chest and back area was like

pins and needles and a joint aching pain in the arms and hands. The injured worker rated her pain 8/10 and reported it had been 8/10 over the past week. The physical examination was not documented within the medical records. The Request for Authorization form dated 06/11/2014 was for an NESP-R program, detoxification phase, because it may get the injured worker off her medication.

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

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

#### **1 NESP - R Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Functional restoration program Page(s): 42, 49.

**Decision rationale:** The request for 1 NESP-R program is not medically necessary. The injured worker has been rating her pain 8/10 to 9/10 that increases with activity. The California Chronic Pain Medical Treatment Guidelines recommend detoxification due to intolerable side effects, lack of response, aberrant drug-taking behaviors as related to abuse and dependence, refractory co-morbid psychiatric illness, or lack of functional improvement. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it is not an applied diagnosis of addiction, abuse, or misuse. Virtual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The guidelines recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs, a type of treatment including the category of interdisciplinary pain programs, were designed to use a medically-directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs include components of exercise progression with disability management and psychosocial intervention. Long term evidence suggests that the benefits of these programs diminish over time, but still remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is a lack of documentation regarding objective functional deficits or physical examination to warrant the injured worker's need for a functional restoration program or detoxification. The request is not medically necessary.