

<b>Case Number:</b>	CM14-0053398		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 52-year-old male who reported an injury due to a motor vehicle accident on 02/26/2001. In the clinical notes dated 04/03/2014, the injured worker complained of neck and low back pain being moderately severe and constant. It was noted that the pain was increased with bending, twisting, squatting, kneeling, grasping, holding, lifting, extended standing, sitting, and walking. It was also noted that the injured worker reported that his symptoms of pain negatively affected his ability to perform daily activities of living such as shopping, cooking, doing dishes, doing laundry, cleaning, driving, and climbing stairs. He also stated that the pain has stopped him from going to work, performing household chores, doing yard work, exercising and participating in recreational activities. He stated that he could only walk about 20 minutes, can only sit for about 45 minutes, stand about 5 minutes, and often needed to lie down due to his pain. Prior treatments included oral medications, acupuncture, physical therapy, a home exercise program, massage therapy, and a TENS unit without significant improvement. It was also noted that the injured worker received epidural steroid injections without long lasting benefits. Past surgical history included 4 lumbar spine surgeries dated 2002, 2004, 2008, and 2013. There were also 2 cervical spine surgeries dated 2004 and 2012, and arthroscopic surgery for the left shoulder for torn rotator cuff dated 09/08/2006. There was also a surgery for carpal tunnel release dated 1980. It was also noted that the injured worker had previous diagnostic studies to include lower extremity EMGs, lumbar spine MRIs, and cervical spine MRIs. The injured worker's pain medication regimen included Vicodin, Lyrica, Soma, Motrin, and Prilosec. The physical examination of the cervical spine revealed range of motion of flexion at 40 degrees, extension 45 degrees, left lateral flexion 15 degrees, right lateral flexion 10 degrees, left rotation 75 degrees, and right rotation 60 degrees. The physical examination of the lumbar spine range of motion revealed flexion 45 degrees, extension 10

degrees, left lateral flexion 10 degrees, and right lateral flexion 15 degrees. The physical examination of the shoulders revealed flexion 180 degrees to the right and left, hyperextension 50 degrees to the right and 50 degrees to the left, abduction 180 degrees bilaterally, adduction 50 degrees bilaterally, internal rotation 90 degrees bilaterally, and external rotation 90 degrees bilaterally. The muscle strength showed 5/5 bilaterally. The physical examination of the lower extremities revealed the knee range of motion for flexion at 130 degrees bilaterally and extension at 0 degrees bilaterally, and muscle strength for leg abduction 4/5 bilaterally and foot dorsiflexion 5/5 bilaterally. The diagnoses included low back pain, neck pain, cervical radiculopathy, lumbar radiculopathy, and chronic pain syndrome. In the discussion, it was noted that the injured worker had received extensive conservative treatments without significant improvement. It was also noted that the injured worker was not currently a candidate for another surgery. It was also noted that the injured worker was able to return to work between 2008 and 2012. It is also noted that the injured worker was motivated to return to work at some capacity, but was not sure how he would be able to do it without increasing his symptoms of pain. Under the diagnostic psychological testing, it was noted that the injured worker had significantly elevated, and clinical in nature, levels of anxiety. It was noted that the evidence suggested that the injured worker may be suffering from a clinical anxiety state or may be experiencing anxiety secondary to the emergence of another psychological disorder. Under the pain patient profile, it is annotated that the injured worker is in the average range for pain patients. The diagnoses for the psychological evaluations included pain disorder associated with both a general medical condition and psychological factors; major depressive disorder, single, moderate; diagnosis deferred; psychological problems: sexual issues, not able to return to work, and Global Assessment of Functioning equals 52. It was noted that the injured worker was highly motivated to attend the functional restoration program. The treatment plan included a request for 80 hours of functional restoration program. The request for the 80 hours of functional restoration program initial trial for the diagnosis of cervical radiculopathy, lumbar radiculopathy, low back pain, and chronic pain syndrome was submitted on 04/10/2014.

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

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

**Initial trial of functional restoration program (80 hours):** 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 Functional restoration programs (FRPs), page(s) 32, 49 Page(s): 32,49.

**Decision rationale:** The California MTUS Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. These programs emphasize the importance of function over the elimination of pain. Long term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of

the injured workers with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of a multidisciplinary pain management program include: (1) an adequate and thorough evaluation to include baseline functional testing so followup 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 injured worker has a significant loss of ability to function independently resulting from the chronic pain; (4) the injured worker is not a candidate for surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) the injured worker exhibits motivation to change, and is willing to forego secondary gains, including disability payments, to affect this change. In the clinical notes provided for review, it is annotated that the injured worker has trouble in his housekeeping, yard work, driving, laundry, cooking, and keeping up with his hobbies. However, there is a lack of documentation of the injured worker having a significant loss of ability to function independently. Therefore, the request for Initial trial of functional restoration program (80 hours) is non-certified.