

<b>Case Number:</b>	CM14-0063157		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/01/2005
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 low back pain reportedly associated with an industrial injury of October 1, 2005. The applicant has been treated with the following: Analgesic medications; attorney representation; and earlier treatment via a functional restoration program. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a request for a functional restoration aftercare program, stating that the applicant was unlikely to benefit from the same. The applicant's attorney subsequently appealed. On August 23, 2013, the applicant was placed off of work, on total temporary disability, owing to diagnoses including chronic pain syndrome, depression, anxiety, myofascial pain, shoulder pain status post shoulder surgery, and wrist pain status post earlier carpal tunnel release surgeries. On February 28, 2014, the applicant had apparently completed 23 hours of functional restoration. It was stated that the applicant had not worked since July 2006. The attending provider stated that the applicant could improve physically and psychologically in various parameters, including grip strength. On March 7, 2014, the applicant had apparently completed two of three weeks of functional restoration authorized through that point in time. The attending provider then sought authorization for three additional weeks. Finally, on March 14, 2014, the applicant was described as having completed three of six weeks of functional restoration which have been authorized through that point in time. On March 28, 2014, it was again acknowledged that the applicant was not working. The applicant had completed four of six weeks of functional restoration authorized through that point in time. The attending provider stated that the applicant could undergo further functional restoration, including fitness classes, psychological counseling, psychological testing, daily functional testing, and various conferences. Authorization was later sought for an aftercare program to solidify the applicant's

gains, such as they were. On March 7, 2014, it was acknowledged that the applicant was still using Percocet, Ambien, Remeron, Protonix, Neurontin, Voltaren gel, and Lidoderm patches.

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

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

#### **4 months of HELP Remote Care/Functional Restoration Program Aftercare: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**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 California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, total treatment duration via a chronic pain program/functional restoration program should generally not exceed 20-full day sessions. Treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the applicant has had at least six prior weeks of functional restoration. It is unclear what could precisely be gained via the proposed remote care/aftercare program. No clear rationale for the specified extension was proffered. No further treatment goals have been stated. It is not stated, for instance, that the applicant could use the additional treatment to return to work, for instance. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the applicant has failed to clearly demonstrate objective gains. The applicant has failed to return to work. The attending provider has not outlined any tangible benefit through the program to date. Therefore, the request is not medically necessary.

#### **1 Reassessment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

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

**Decision rationale:** The reassessment in question appears to represent reassessment prior to the applicant's enrolling in a second course of functional restoration. However, as noted on page 32 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, however, the applicant has failed to make any clear objective gains with earlier treatment. The applicant remains off of work. The attending provider has not outlined how the six-prior weeks of functional restoration have benefited the applicant here. The applicant still remains highly dependent on numerous analgesic and adjuvant medications as of March 7, 2014, it is further

noted. Therefore, the proposed reassessment as a precursor to re-enrollment in functional restoration program is not indicated. Accordingly, the request is not medically necessary.