

<b>Case Number:</b>	CM14-0091920		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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, 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 46 year-old female who sustained work-related injuries on May 11, 2012. She was initially seen by her treating provider on September 10, 2013. She complained of moderate to severe continuous pain which radiates from her neck down to her right arm. Objectively, she has decreased range of motion. There was slight give-way weakness was noted over the right arm. The injured worker's grip strength was decreased on the right. Tenderness was noted on the right side of the neck and trapezius. Hypersensitivity was noted on the right lateral forearm to pinprick and light touch. A magnetic resonance imaging (MRI) scan of the cervical spine dated July 18, 2012 revealed posterior herniated disc at C5-6 causing mild spinal canal stenosis. Spinal posterior bulging disks at many other levels including C6-7 with no neural foraminal stenosis present and no nerve root mass present. As per the medical information, January 3, 2014, the injured worker complained of increased social isolation and avoidance, decreased self-care activities, and limited functional ability. She also reported significant levels of hopelessness, sleep disturbance, and nervous and reactivity to reminders of work-related injury. She was found to meet DSM IV-TR criteria for major depressive disorder, single episode, moderate, chronic, anxiety disorder, not otherwise specified, and pain disorder associated with both psychological factors and general medical condition. On January 9, 2014, the insurance denied the requested 6 biofeedback sessions, 12 cognitive behavioral therapy and psychological evaluation on the basis that the psyche is not part of industrial injury. Per medical information dated January 10, 2014, the injured worker reported moderate relief of symptoms that last from 24 to 48 hours and experience moderate improvement in the ability to engage in daily activities with less pain rated at 5/10. Per medical information dated January 17, 2014 she reported moderate improvement after each acupuncture treatment and rated her pain as 4/10. As per medical notes, dated March 7, 2014, the injured worker complained of neck pain, left shoulder

pain, and right shoulder pain which she rated at 5/10 and described it as aching and pressure. Her pain radiates to the right arm and head. She stated that medications were helping. She also reported that acupuncture was effective in reducing pain which would last for a week but had not yet received physical therapy. She also had 24 chiropractic sessions with 50% pain improvement. She also has been using a transcutaneous electrical neurostimulation (TENS) unit at home which also reduced her pain, as well as exercise at home and gym 2-3 times per week. Objectively, she was noted to exhibit cervical spine restricted range of motion with more pain on right cervical lateral flexion. Pain was also noted on cervical rotation. Multiple trigger points were noted in the right trapezius. Tenderness was noted in the trapezius. She was recommended to undergo 8 physical therapy sessions with 4 deep massage sessions. She is diagnosed with cervicgia. This is a review request regarding functional restoration program for eighty (80) hours consisting of six 6 hours a day for twelve and one half days (12.5), for a total of twenty-seven and one half hours (27.5) of therapeutic exercise, group cognitive behavioral therapy for twenty-two and one half hours (22.5), medical supervision for five (5) hours, vocational rehabilitation for five (5) hours, biofeedback for five (5) hours, relaxation techniques for seven and one half (7.5) hours, and injured worker education for seven and one half (7.5) hours.

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

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

**Functional restoration program for eighty (80 hours) consisting of: six (6) hours a day for twelve and one half days (12.5), for a total of twenty-seven and one half hours (27.5) of therapeutic exercise, Group cognitive behavioral therapy for twenty-two and one half hours (22.5), Medical supervision: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, Exercise, Psychological treatment, Education, Yoga, Biofeedback, Outpatient pain rehabilitation programs. Decision based on Non-MTUS Citation ODG, Neck and upper back chapter, Yoga, Ergonomics, Biofeedback.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Ergonomics.

**Decision rationale:** According to evidence-based guidelines MTUS & ODG, all of the criteria for an outpatient functional restoration program is met. This indicates that an adequate and thorough evaluation has been made including baseline functional testing so follow-up with the same test can note functional improvement. It also indicates that 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 injured worker has a significant loss of ability to function independently resulting from the chronic pain. The injured worker is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). The injured worker exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change, and negative predictors of success above have been addressed. In this case, the injured worker has been

determined to meet all of the criteria presented above. Moreover, it is noted that negative predictors and discrepancies regarding the clinical presentation of this injured worker has been addressed and previous treatments only provided-short term pain relief. Hence, with the evidence that the injured worker has met all of the criteria for the requested functional restoration program and all of the discrepancies regarding this injured worker have been addressed then the medical necessity of the requested functional restoration program and all of its components is established. Based on the provided documentation, the medical necessity of the requested functional restoration program and its components is medically necessary.