

<b>Case Number:</b>	CM14-0197255		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 58 year old male with an injury date of 01/05/13. Based on the progress report dated 09/24/14, the patient complains of pain in neck and lower back rated at 9/10 without medications. The patient can tolerate pain of up to 8/10 without any treatments. Physical examination, as per FRP report dated 09/23/14, reveals trigger points in the splenius capitus region, upper and lower trapezius region, bilateral gluteus region, and sternocleidomastoid area. Range of motion in the cervical spine is limited with flexion, extension, and bilateral lateral bending at 10 degrees and bilateral rotation at 50 degrees. Forward flexion of the lumbar spine was limited to 40 degrees due to back spasm and the extension was limited to 10 degrees due to facet pain. Internal rotation of the hips is 10 degrees on the right and 0 degrees on the left. There was reduced sensation along the lateral aspect of the right leg. Adson's test of the cervical spine was positive bilaterally while Patrick's test and SI joint compression test were positive bilaterally. Medications, based on Functional Restoration Program report dated 10/15/14, include Norco, Tizandine, Prilosec, and Quazepam. MRI of the Cervical Spine (no date mentioned), as per progress report dated 09/06/13, as per report dated 09/22/14:- Multilevel intervertebral disc disease- 4 mm osteophyte at C5-C6- 2 mm osteophyte at C3-C4 causing central narrowing MRI of the Lumbar Spine, 06/18/14:- 2 - 3 mm posterior disc herniation at L4-L5 with high intensity zone /annular fissure narrowing the right lateral recess with mild central canal narrowing- 2 mm broad posterior disc protrusion at L5-S1- The neural foramina are patent- Superimposed congenital narrowing of the spinal canal Diagnoses, 10/15/14:- Cervicobrachial syndrome- Lumbar spine neuritis or radiculitis- Cervical disc degeneration- Cervical spinal stenosis- Adjustment disorder with depressed mood The treating physician is requesting for FUNCTIONAL RESTORATION PROGRAM 10 ADDITIONAL SESSIONS. The utilization review determination being challenged is dated 10/20/14. The UR letter provided for review does

not discuss this request. However, in an UR Appeal Letter dated 10/24/14, the treating physician states that the request was denied due to the slow pace of the program. Treatment reports were provided from 04/01/14 - 11/19/14.

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

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

**Functional restoration program 10 additional sessions:** 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 Page(s): 49.

**Decision rationale:** The patient presents with pain in neck and lower back rated at 9/10 without medications, as per progress report dated 09/24/14. The request is for FUNCTIONAL RESTORATION PROGRAM 10 ADDITIONAL SESSIONS. The pain is leading to restricted range of motion and preventing the patient from completing activities of daily living effectively, as per the same progress report. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." In this case, the patient has already completed 12 weeks or 24 sessions of functional restoration program which began on 08/08/14. As per FRP report dated 11/12/14 (after the UR date), four of these sessions took place after the UR denial. The report states that the patient has had 70% increase in use of cognitive restructuring, psychological and emotional patterns, and responsibility for his health and well-being along with a 60% increase in self-image. In a UR Appeal letter dated 11/14/14, the treater states that the patient has "reduced his opioid dependency by greater than 40% and he reports that his sleep is much better. He is more socially interactive and had increased his awareness and ability to deal with pain." The treater further states that "Overall, his quality of life has improved." The progress reports also list detailed goals for the program. However, this patient already completed 24 sessions, and MTUS allows no more than 20 full day sessions, except where a "clear rationale for the specified extension and reasonable goals to be achieved," are provided. The request IS NOT medically necessary.