

Case Number:	CM14-0206670		
Date Assigned:	12/18/2014	Date of Injury:	11/01/2013
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal 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 patient is an injured worker with a history of cervical spine surgery. The date of injury was November 1, 2013. A consultation report dated March 17, 2014 documented that the patient was admitted through the emergency room with severe neck pain radiating down the right upper extremity which has been intractable and disabling. The patient has been treated with analgesics, antiinflammatory drugs, Neurontin, and muscle relaxants. Symptoms typically arise from the neck, radiates into the right shoulder and down into the right hand and associated with tingling paresthesias. He noticed some weakness and clumsiness of the right hand. Cervical magnetic resonance imaging study showed a large disk osteophyte complex at C5-C6 with foraminal narrowing. There is foraminal narrowing at C6-7. Impression was cervical radiculopathy. The operative report dated March 16, 2014 documented the diagnoses of cervical disk herniation and disk osteophyte complex C5-6, cervical disk herniation C6-7, bilateral foraminal stenosis C5-6 and C6-7. Anterior cervical microsurgical discectomy C5-6 and C6-7 was performed. Anterior cervical microsurgical foraminotomy C5-6 and C6-7 was performed. Anterior cervical fusion using human allograft struts and demineralized bone matrix gel C5-6 and C5-7 was performed. Anterior cervical stabilization using anterior cervical plates and screws C5, C6, C7 was performed. The utilization review decision letter dated December 3, 2014 documented that the requested treatment was a pain management referral for functional restoration program. The modified recommendation was pain management consultation only quantity one. A pain management consult to assess what treatment would be appropriate and to set up a multidisciplinary evaluation if there is support for a FRP functional restoration program was recommended. The neurosurgery report dated November 20, 2014 document that the patient was evaluated in the office and was essentially unchanged. Physical therapy had to be discontinued because the patient was having too much pain. His pain is in the soft tissues of the neck on both

sides, but more on the right and into the right trapezius. He complains of tingling paresthesia down the right upper extremity. The patient remains neurologically stable and unchanged. The patient appears to be experiencing inflammatory pain over the soft tissues and the ligamentous structures of the neck and the right shoulder. This has been consistent throughout his illness. Objectively the patient has tenderness over the soft tissues of the neck and has about twenty-five degree loss of range of motion in all directions. There were no objective motor or sensory deficits. A formal pain management program was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral for program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): (s) 29-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs),.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up 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 patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Total treatment duration should generally not exceed 20 full-day sessions. Medical records document cervical spine surgery performed on March 16, 2014. The neurosurgery report dated November 20, 2014 documented a request for FRP functional restoration program. The duration of FRP treatment was not specified. Per MTUS, FRP treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Total treatment duration should generally not exceed 20 full-day sessions. The 11/20/14

neurosurgery did not specify the duration of FRP treatment. MTUS guidelines do now allow for FRP treatment without limitations on treatment duration. Therefore, the request for FRP functional restoration program, without duration specification, is not supported by MTUS guidelines. Therefore, the request for Pain management referral for program is not medically necessary.