

<b>Case Number:</b>	CM15-0005055		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Colorado

Certification(s)/Specialty: Family Practice

### 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 36-year-old male, who sustained an industrial injury on February 26, 2013, when a heavy metal door fell on top of his head. He has reported pain, nausea, vomiting, ringing in the ears, and seeing black spots. The diagnoses have included cervicobrachial syndrome, headache, chronic pain syndrome, status post closed head injury with post-concussive symptoms, cervical sprain/strain, and thoracic contusion, sprain/strain, and myofascial pain. Treatment to date has included electrical stimulation, psychotherapy, and oral and topical medications. Currently, the injured worker complains of neck pain, right shoulder pain, right hand pain with numbness and tingling of the middle, ring and little fingers, and right side of face pain. As of 11/24/2014, patient also complains of mid back pain and low back pain. A Comprehensive Multidisciplinary Evaluation dated November 28, 2014, noted the April 24, 2013, cervical spine MRI negative, and the June 24, 2013 MRI of the right brachial plexus showed nonspecific bilateral posterior triangle cervical lymphadenopathy. The injured worker was noted to be an appropriate candidate for the multidisciplinary pain rehabilitation program, likely benefiting from increased self-care, therapeutic movement and cardiovascular exercise, physical therapy, and cognitive behavioral therapy (CBT). On December 12, 2014, Utilization Review modified a 10 day multidisciplinary pain rehab program (32.5 hours weekly consisting of pt/therapeutic exercise 10 hours/week, psychotherapy 10 hours/week, patient education 4 hours/week, medical care 1 hour weekly, and non-medical services 7.5 hours/week), to certification of a ten days of multidisciplinary pain rehab program (25 hours weekly consisting of physical therapy/therapeutic exercise 10 hours weekly, psychotherapy 10 hours weekly, patient education

four hours weekly, and medical care one hour weekly). The non-medical services 7.5 hours per week were non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines and the Labor Code 4600(a). On January 9, 2015, the injured worker submitted an application for IMR for review of a ten day multidisciplinary pain rehab program (32.5 hours weekly consisting of physical therapy / therapeutic exercise 10 hours weekly, psychotherapy 10 hours weekly, patient education four hours weekly, medical care one hour weekly, and non-medical services 7.5 hours weekly).

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

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

**Ten day multidisciplinary pain rehab program (32.5 hours/week consisting of PT/therapeutic exercise 10 hours/week psychotherapy 10 hours/week, patient education 4 hours/week, medical care 1 hour/week, and non-medical services 7.5 hours weekly):**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 30-32.

**Decision rationale:** Per the Guidelines, Multidisciplinary pain rehabilitation programs (MDPRP) are rehabilitation programs that combine multiple treatments, including psychological care, physical therapy, and occupational therapy. MDPRP are recommended when a capable program is available, the patient has delayed recovery, and patient is motivated to improve and return to work. There are several concerns with regard to MDPRP: (1) what is the gold-standard content for treatment; (2) which patients benefit most from this treatment; (3) when is the ideal time to initiate treatment; (4) what intensity is necessary for effective treatment; (5) is it cost-effective. However, per the Guidelines, several studies suggest that MDPRP may be the most effective way to treat chronic pain. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) (Sanders, 2005). The majority of evidence in support of MDPRP is related to the biopsychosocial rehabilitation of chronic pain and low back pain, not the rehabilitation of neck and shoulder pain. Regardless of components of a specific program, which can vary, the following services should be delivered in a MDPRP: (a) physical treatment; (b) medical care and supervision; (c) psychological and behavioral care; (d) psychosocial care; (e) vocational rehabilitation and training; (f) education. (Patrick, 2004) (Buchner, 2006) There have been identified several negative predictors of success of treatment with MDPRP, as well as completion of the program: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; (9) pretreatment levels of pain. (Linton, 2001) (Bendix, 1998) (McGeary, 2006) (McGeary, 2004) (Gatchel, 2005). Outpatient pain rehabilitation programs (MDPRP) may be determined to be

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 (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); (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 above have been addressed.MDPRP Treatment should not exceed 2 weeks without evidence of subjective and objective gains, though the gains can be assessed during treatment to avoid discontinuation of the treatment if it is efficacious. 20 full day sessions then would be the indicated maximum number of therapies. For the patient of concern, the records do indicate a comprehensive pre-rehabilitation assessment including evaluation of psychosocial negative predictors, patient motivation, previous therapies tried and failed, and baseline function and pain. The patient is appropriate for MDPRP based on the 11/24/2014 pre-rehabilitation assessment. Furthermore, vocational rehabilitation and training, listed as the "non-medical services" for the patient are specifically included in MDPRP program components that are to be included, so the entire MDPRP program as requested is medically appropriate.