

Case Number:	CM15-0132996		
Date Assigned:	07/21/2015	Date of Injury:	10/17/2011
Decision Date:	08/24/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California
 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:

This is a 57 year old female patient, who sustained an industrial injury on 10/17/11. The diagnoses include multiple level cervical degeneration disease; myalgia and myositis unspecified; other syndromes affecting the cervical region. She sustained the injury due to repetitive strain. According to the PR-2 notes dated 5/15/15 she has a period of extended disability which led to a transition to the [REDACTED] functional restoration program where she completed a six week course in the spring of 2013 allowing her to return to her pre-injury occupation with the usual and customary duties. She has been performing home exercise program. She had complaints of persistent pain which necessitates ongoing prescriptions of Cymbalta 30mg twice a day, Celebrex 200mg twice a day and intermittent Tramadol 50mg three to five tablets per month. The provider documents she has been successful at maintaining her work activity with little in the way of absenteeism. Her goal setting activity monitoring forms reveal the presence of full-time work and she describes continued recognition regarding successful performance. On this day, she presented with a new onset of increased muscle spasm. She related this to her worksite with the addition of two monitors. She related that looking back and forth between the monitors is aggravating her condition. The provider suggested she speak with her supervisor about restoring the original system due to her injury vulnerability. She inquired about a return to the [REDACTED] restoration program for a "refresher course". The medications list includes Celebrex, Cymbalta and tramadol. Treatment to date has included physical therapy; home exercise program; [REDACTED] Functional Restoration Program (2013);

medications. The provider is requesting authorization of refresher course in the [REDACTED] restoration program 50 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refresher course in the [REDACTED] restoration program (in hours) Qty 50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30, 31, 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below". In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-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; (6) Negative predictors of success above have been addressed". Response to previous conservative treatment is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Evidence that previous methods of treating chronic pain have been unsuccessful is not specified in the records provided. Per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs". (4) High levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)". (7) Duration of pre-referral disability time; (8) prevalence of opioid use; "This patient's date of injury was in 2011 therefore he had an increased duration of pre-referral disability time. In addition, patient has already had [REDACTED] restoration program in 2013. Persistent significant functional deficits that would require for repetition of the same program is not specified in the records provided. The request for a Refresher course in the [REDACTED] restoration program (in hours) Qty 50 is not medically necessary or fully established for this patient.