

Case Number:	CM15-0185089		
Date Assigned:	09/25/2015	Date of Injury:	06/14/2012
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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:

The injured worker is a 40 year old female, who sustained an industrial injury on 6-14-2012. The injured worker was diagnosed as having failed neck pain syndromes, cervical disc displacement, non-specific cervical pain, cervical sprain/strain, cervical post-laminectomy syndrome, and cervical status post fusion. Treatment to date has included diagnostics, chiropractic, acupuncture, cervical fusion in 2-2014, physical therapy, radiofrequency ablation, and medications. Currently (8-17-2015), the injured worker complains of constant neck pain with radiation to the right shoulder, accompanied by numbness and tingling. Pain was described as "moderate in intensity" and she reported "moderate difficulty in sleep". Her initial functional restoration program evaluation was completed on 6-22-2015, with recommendation for 2 weeks in the program. Objective findings included a well healed surgical scar on her neck, tenderness and spasm, trigger points, "decreased" cervical range of motion, deep tendon reflexes 2 of 2, and motor strength 5 of 5. It was recommended that she continue the functional restoration program, "which has been helping the patient to better cope and manage her chronic pain". She was doing meditation to better cope with her pain and medication use was cut down. It was documented that typically she used 4 tablets of Norco per day and was now down to 2 tablets daily (unchanged from up to 2 per day per progress report 6-01-2015), and continued to use Naprosyn 2 tablets daily, and Ambien to help her sleep. The physical therapy report (8-16-2015) noted admission assessment and week #1 assessment, with goals identified, but progress non-specific. The psychology report (8-11-2015) noted that she actively participated in "today's" group and seemed to enjoy and benefit from discussion of gratitude. Tai Chi report (week #1) described generalized class participation. Yoga report (week #1) described generalized class participation. Her work status was not specified. Per the request for

authorization dated 8-17-2015, the treatment plan included functional restoration program x2 weeks (10 days), additional treatment. On 9-11-2015, Utilization Review non-certified the functional restoration program x2 weeks (10 days). The patient has had a functional restoration program evaluation on 7/22/15. The patient has had history of difficulty in sleeping, anxiety and depression. The patient had received an unspecified number of acupuncture, chiropractic and PT visits for this injury. The medication list includes Norco, Flexeril, Prilosec, Ambien, naproxen and Diclofenac. The patient has had MRI of the cervical spine on 5/27/15 that revealed disc protrusions and post surgical changes. Patient was provided an authorization for FRP for 2 weeks on 8/3/15. Per the note dated 8/17/15 the patient had complaints of continuous neck pain with radiation of pain in right shoulder with numbness and tingling sensation and difficulty in sleeping. The physical examination of the cervical spine revealed limited range of motion, tenderness on palpation, trigger point and 5/5 strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for two weeks (10 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Functional restoration program for two weeks (10 days). As per the cited guideline "There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The pt had chronic neck pain and per the cited guidelines, "There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain." The patient was provided an authorization for a FRP (functional restoration program) for 2 weeks on 8/3/15. The detailed functional status of the patient at the end of the 2 weeks of the functional restoration program was not specified in the records provided. Evidence of demonstrated efficacy as documented by objective gains following the 2 weeks of the previously certified FRP (functional restoration program), was not specified in the records provided. 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. The patient had received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. In addition, 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: (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); The patient has a history of depression and anxiety. The patient has an increased duration of pre- referral disability time more than 2 years. There is conflicting evidence that chronic pain programs would provide return-to-work in this kind of patient. The medical necessity of the request for Functional restoration program for two weeks (10 days) is not fully established for this patient.