

<b>Case Number:</b>	CM15-0199446		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 27 year old male patient, who sustained an industrial injury on 12-24-2013. He sustained the injury due to involvement in a motor vehicle accident. The diagnoses include displacement of thoracic disc without myelopathy, degeneration of cervical disc, pain in joint hand, and pain psychogenic not elsewhere classified. Per the note dated 9/14/15, he had complaints of mid thoracic pain and left wrist and hand pain; pain in the cervical, thoracic and lumbar paraspinal muscles, headache, sleeping difficulty. He is currently not working. The doctor modified the request to 80 hours of FRP. The medications list includes gabapentin, relafen, lidoderm patch, norco, omeprazole and senna. Per an initial multidisciplinary evaluation for a functional restoration program dated 8-27-2015, he has ongoing headaches and pain in the neck, dorsal wrist, right thumb, mid-back, and low back. He has ongoing left thumb numbness, and sleep difficulties due to pain in the paraspinal muscles. The physical exam revealed tenderness to palpation of the posterior cervical, upper thoracic and lumbar paraspinal muscles, tenderness to palpation of the bilateral trapezii, and guarding and limitation of the cervical and lumbar range of motion, the left wrist well-healed surgical scars and no significant restriction of range of motion. The musculoskeletal evaluation on 8-27-2015 revealed a quad-dominant strategy with squatting and lifting, as well as increased lumbar flexion and required a cue to increased knee flexion when lifting a basket as he did not bend his knees at all. The psychological evaluation on 8-27-2015 indicated that the patient reported significant depression (or changes in mood), anxiety, and sleep disturbance. The mental status assessment revealed a depressed mood and blunted affect, and thought content focused on pain, joblessness, and

limited functioning. He has undergone left dorsal and volar wrist ganglion excisions on 6-11-2015. Treatment has included acupuncture, postoperative hand therapy, a wrist injection, work modifications, and medications including pain, anti-epilepsy, proton pump inhibitor, and anti-inflammatory. Per the treating physician (8-27-2015 report), the employee has not returned to work. He has had urine drug screen on 1/22/15 which was negative for opiates. Patient's medications list includes hydrocodone, gabapentin and relafen; on 5/7/15 with consistent findings. On 9-9-2015, the requested treatments included 160 hours of a functional restoration program. On 9-11-2015, the original utilization review non-certified a request for 160 hours of a functional restoration program.

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

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

**Functional restoration program x 160 hours:** Upheld

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

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

**Decision rationale:** Functional restoration program x 160 hours. 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. (6) Negative predictors of success above have been addressed. Per the cited guidelines treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This request for 160 hours is beyond the recommendations of the cited criteria. (Per the note dated 9/14/15, the doctor modified the request to 80 hours of FRP.) 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. The psychological evaluation on 8-27-2015 indicated that the patient reported significant depression (or changes in mood), anxiety, and sleep disturbance. The mental status assessment revealed a depressed mood and blunted affect, and thought content focused on pain, joblessness, and limited functioning. There was no documentation provided for review that the patient failed a return to work program with modification. The medical necessity of Functional restoration program x 160 hours is not fully established for this patient, therefore is not medically necessary.