

Case Number:	CM15-0206345		
Date Assigned:	10/23/2015	Date of Injury:	06/03/2011
Decision Date:	12/08/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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: New Jersey
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 65 year old female who sustained an industrial injury on 06-03-2011. Medical records indicated the worker was treated for neck pain that radiated to the right upper extremity. Her diagnoses include: Neck pain, Cervical spinal stenosis; Severe right sided foraminal stenosis; Headache post traumatic; Chronic pain not elsewhere classified; Depression with anxiety adjustment disorder with mixed anxiety and mood; Pain psychogenic not elsewhere classified, and long term use of medications. Treatments to date include anterior cervical discectomy and fusion C5-C6 (02-2015) and post op physical therapy, medications, cervical epidural steroid facet block injections, physical therapy and most recently, two weeks of sessions in the functional restorative program. In the Functional Rehabilitation notes of 10-09-2015, the worker was in her first week of functional rehabilitation and discontinued usage of Cyclobenzaprine. Her medications included Hydrocodone-APAP (1/2 tablet in the daytime and one tablet in the evening), Losartan, Simvastatin, Motrin/ibuprofen as needed for pain. The report states she is trying to learn how to cope with her chronic pain and trying to accept the chronicity of her pain. She complains of ongoing pain the neck as well as frequent headaches at the occipitals. She reports occasional discomfort radiating into the right upper extremity along the dorsolateral aspect of the arm and forearm and into the right thumb and index finger. On exam, she had no evidence of sedation, her scar was well healed, she had limitation of cervical flexion and extension, and her gait was grossly normal and non-antalgic. In the report of 09-28-2015 - 10-02-2015, her psychological progress reported subjective and objective gains in that she was better able to cope with and manage her symptoms and she had an overall improvement in her functional abilities. Further attendance would be to focus on "ways to manage anxiety, depression and grief; ways to manage stressogenic thinking; tools for building healthy social support; stress prevention and management, and the construction of a wellness-focused plan for preventing and

managing pain flare-ups." Physical therapy progress in the first week focused on range of motion, strength, functional improvements, and independent self-management. Functional goals for week two were to increase cardiovascular tolerance, Increase strength, increase flexibility, and to increase strength and motor control. The weekly progress report from her Functional Restoration Program during her second week stated that she had learned and was practicing self-management and pain-coping techniques. She remained highly motivated, and reports an overall improved ability to cope with her chronic pain and its psychological comorbidities through participation in the Functional rehabilitation program. A request for authorization was submitted for [REDACTED] Functional Restoration Program x106 hours - neck. A utilization review decision 10-19-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Functional Restoration Program x106 hours - neck: 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), Chronic pain programs (functional restoration programs).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include; 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, there was record of the worker achieving a 25% functional squat and lunge with no ability to lift from floor to waist or waist to shoulder due to pain by the end of the first week of attending the functional restoration program. However, according to the review after the second week of attendance, she was able to only perform 20% of a squat and lunge with still no ability to lift from floor to waist or waist to shoulder. This suggested that there was at least no improvement in function from the last week and it appeared that she actually worsened her function by attending the program. Therefore,

without evidence of significant improvements in overall function, continuing the functional restoration program is not medically necessary.