

<b>Case Number:</b>	CM15-0214723		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/12/1997
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 64 year old male, who sustained an industrial injury on 7-12-1997. Diagnoses include chronic neck pain secondary to multilevel cervical degenerative disc disease, status post cervical fusion with loosening of hardware C3-4, status post five lumbar surgeries, anxiety, depressions, opioid dependence and chronic pain syndrome, and history of opioid and alcohol abuse. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, and trigger point injections. On 9-17-15, an interdisciplinary evaluation was completed. He complained of ongoing neck pain with radiation to upper extremities rated 7 out of 10 VAS on average. Treatment recommendation included "participate in PRI's functional Rehabilitation Program for functional restoration using the biopsychosocial model." On 10-12-15, he complained of severe intractable neck pain and inability to sleep. The record indicated there was a significant change in condition. The provider documented "This is to the point where he needs to go to the hospital due to severe neck pain." The physical examination documented multiple trigger points in cervical and trapezius muscles and limited cervical range of motion. Trigger point injections were provided on this date. The plan of care included a functional restoration program "due to chronic pain syndrome" and "poor coping mechanism." The appeal requested authorization for a Functional Rehabilitation Program (FRP). The Utilization Review dated 10-22-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional rehabilitation program (outpatient): Upheld**

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. Patient has reportedly been approved for a trial for up to 10-day long sessions. It is unclear why an additional request was submitted. This is either a duplicate request or if this is a request for additional sessions, additional sessions cannot be approved without documentation of functional benefit from initial trial of 10 sessions. Not medically necessary.