

Case Number:	CM15-0216799		
Date Assigned:	11/06/2015	Date of Injury:	09/28/2011
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 47 year old male who sustained an industrial injury on 9-28-2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post C5-C6 and C6-C7 anterior cervical discectomy and fusion (ACDF) (February 2015), bilateral trapezius myofascial pain secondary to surgery, left hand injury during intraoperative monitoring, left ulnar neuritis secondary to the left hand injury and mild reactive depression. According to the progress report dated 10-2-2015, the injured worker complained of neck pain, left hand and arm pain and chronic headaches. He noted that his pain was 10% worse. He rated his pain 9 out of 10. He attributed the increase in pain to having the flu. Objective findings (10-2-2015) revealed cervical flexion elicited sharp, bilateral, trapezius pain. Cervical extension elicited sharp pain at the base of the skull. Spurling's maneuver elicited trapezius and SCM pain. There was tenderness to palpation over the midline at C2-C3 and over the bilateral trapezius and intrascapular border for several trigger points palpated. Treatment has included "SPARC" program, acupuncture, surgery, home exercise program and medications. Current medications (10-2-2015) included Oxycodone, Oxycodone and Xanax. The treatment plan (10-2-2015) included the aftercare program at SPARC. The original Utilization Review (UR) (10-13-2015) denied a request for sessions of aftercare program 2x4 (Functional Restoration Program).

IMR ISSUES, DECISIONS AND RATIONALES

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

Sessions of aftercare program 2 times 4 (functional restoration program): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, sessions after care program two times per week times four weeks (functional restoration program) is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes, decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are status post C5 - C6 and C6 - C7 ACDF February 2015; bilateral trapezius myofascial pain secondary to surgery; left hand injury during intraoperative monitoring February 2, 2015; left ulnar neuritis secondary to left hand injury; and moderate reactive depression. Date of injury is September 28, 2011. Request for authorization is October 6, 2015. According to an October 2, 2015 progress note, the injured worker completed a functional restoration program October 2013. Subsequent to the FRP, the injured worker underwent cervical spine fusion. The injured worker received physical therapy and is engaged in a home exercise program. The treating provider is now requesting aftercare program. The treating provider is also requesting Botox and trigger point injections. Objectively, there is tenderness over the paraspinal muscles and bilateral trapezius muscles. Spurling's is positive. Motor strength is 5/5. The documentation indicates the injured worker is engaged in a home exercise program. The total number of physical therapy sessions directed to the cervical spine (as a result of surgery) is not specified in the medical record. There are physical therapy sessions of the hand. The documentation does not demonstrate objective functional improvement. The

treating provider is requesting additional therapy including Botox and trigger point injections. The documentation does not state previous methods of treating chronic pain have been unsuccessful. In requesting an aftercare program the guidelines require a clear rationale for the specified extension and reasonable goals to be achieved. There is no clear rationale for the specified extension and reasonable goals to be achieved. Also, the request for two times per week times four weeks is unclear. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clear rationale for the specified aftercare extension and additional therapy ordered with trigger point injections and Botox requested, sessions after care program two times per week times four weeks (functional restoration program) is not medically necessary.