

<b>Case Number:</b>	CM15-0082203		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/04/1993
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on 1/4/1993. She reported neck and low back pain. The injured worker was diagnosed as having chronic pain syndrome, post-laminectomy syndrome of the lumbar, status post lumbar fusion, cervical disc protrusion, cervical spinal stenosis, cervical radiculopathy, and headaches. Treatment to date has included medications, x-rays, physical therapy, cervical epidural, and lumbar surgery. The request is for comprehensive multidisciplinary assessment for functional restoration program. On 11/3/2014, she was seen 7 months after back surgery for continued back and neck pain. She is reported to have arranged physical therapy for her neck. She reported improvement of burning pain to the right leg. The treatment plan included: physical therapy to begin 9 months after her back surgery. On 4/14/2015, she was seen after having had cervical epidural injection. She reported having 60% pain relief in her neck and arms. She reported obtained 30-40% pain reduction with medications. The treatment plan included assessment for the functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Multidisciplinary Assessment for the Asclepius Pain Management Functional Restoration Program: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

**Decision rationale:** Based on the 04/14/15 progress report provided by treating physician, the patient presents with neck pain with numbness and tingling to left arm and fingers; and low back pain with right leg numbness. The patient is status post L4-5 foraminectomy and interbody fusion 04/01/14. The request is for comprehensive multidisciplinary assessment for the asclepius pain management functional restoration program. Patient's diagnosis per Request for Authorization form dated 04/14/15 includes post-laminectomy syndrome; chronic pain syndrome; neuralgia, neuritis, radiculitis; cervical disc displacement; cervical spondylosis; and headaches. Treatment to date has included medications, x-rays, physical therapy, cervical epidural, and lumbar surgery. Patient's medications include Flexeril, Norco, Lunesta and Lidoderm patches. The patient is reaching permanent and stationary status, per 04/14/15 report. Treatment reports were provided from 11/03/14 - 04/14/15. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including; (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved."In this case, the patient continues with persistent chronic pain to neck and low back. The patient has had surgery, and failed conservative care. MTUS does support FRP if the criteria are met. The request for assessment to determine the patient's candidacy for functional restoration program appears reasonable. Therefore, the request is medically necessary.