MAXIMUS Federal Services

Case Number:	CM14-0161075		
Date Assigned:	10/06/2014	Date of Injury:	06/27/2011
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 41-year old female who sustained a vocational injury on 6/27/10 as a result of repetitive trauma. The medical records provided for review documented that the claimant underwent a cervical spinal fusion at C5-6 and C6-7 with suboptimal outcome and postoperatively completed seventeen sessions of physical therapy. The claimant also underwent a median branch block followed by facet rhizotomy which made her pain worse. The office note dated 09/23/14, documented that the claimant completed a home exercise program, cervical epidural steroid injections, psychotherapy and underwent a psychological evaluation and diagnosed with anxiety disorder and major depressive disorder. The claimant expressed a strong desire to get off the medications. She complained of pain the neck, upper back, upper extremity, numbness in the left low extremity, pain in both hands and migraine headaches. It was documented that since the date of injury the claimant had lost approximately 60 pounds. Examination of the neck identified normal spinal curvature without scoliosis; flexion was limited by 10 percent, extension limited by 25 percent, lateral tilt by 25 percent bilaterally. Rotation was limited by 25 percent bilaterally. Palpation of the cervical paraspinous muscles was tender and she had pain over the thoracic paraspinous muscles in the upper part of her thoracic spine. Deep tendon reflexes of both the upper and lower extremities were within normal limits. Range of motion in the shoulder, elbows, wrist and fingers were within normal limits as were range of motion involving the lower extremities. A supplemental letter in response to a previous denial for Utilization Review for 160 hours of functional restoration program documented that the claimant had been on OxyContin for approximately two years, Percocet for three years and Alprazolam for approximately two years. It was documented that the primary reason for requesting the functional restoration program for this claimant was that she would be undergoing a detox program and was contraindicated to participate in the detox program without

authorization to proceed into a functional restoration program. It was also noted that there was not a strong correlation with the aforementioned medications helping her much in terms of pain relief and that she would most likely benefit from management of her chronic pain with non-opioid modalities. Recommendation was given to be admitted for an in-patient detox program for a period of two to three weeks to wean her off all habit-forming drugs and then to have authorization for functional restoration program for a period of six weeks. It was documented that it was quite important to have both the detox and the functional restoration program authorized given the fact that it is contraindicated to have the detox program instituted without authorization for a functional restoration program. She is noted to have failed a multi-disciplinary program and treatment such as physical therapy, home exercise program, medications, cervical facet rhizotomy, cervical facet steroid injections and psychotherapy. It is noted that she has significant functional limitations as the result of chronic pain and she is unable to have any pre injury level of function and pursue work. She has significant activities of daily living with regard to activities both socially, functionally, and vocationally. The current request is for a functional restoration program times 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAM) Page(s): 30-32, 49.

Decision rationale: The Chronic Pain Treatment Guidelines state that treatment in a functional restoration program is not recommended for longer than two weeks during which time documentation of efficacy by subjective and objective gains is evaluated. Given the fact that the request for 160 hours of a functional restoration program significantly exceeds the Chronic Pain Guideline recommendations, it cannot be considered medically necessary and reasonable to proceed with the request. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines request the functional restoration program x160 hours cannot be considered medically necessary.