

<b>Case Number:</b>	CM14-0165332		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 surgeon and is licensed to practice in Arizona. 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:

This is a 54-year-old male who sustained an injury on 11/7/2008. A progress note of 9/15/2014 states the patient is continuing to have low back and bilateral shoulder pain. The low back pain radiates into the posterior buttock and thighs down to the knees. He complains of numbness in his back and occasional weakness in his legs. He also complains of weakness in his shoulder especially when trying to lift above his head. He has had bilateral shoulder arthroscopies. His diagnoses include impotency, spondylosis of the lumbosacral, and spinal stenosis of the lumbar spine, fecal incontinence, and thoracic myelopathy. The patient takes Butrans 10 mcg/h patches and trazodone. The patient rates the pain in his shoulders and lower back as 8/10 and it goes down to 6/10 with medication. The patient was seen in consultation by a spine surgeon who did not feel he was a surgical candidate. The patient also has a history of depression allegedly due to the sequela of his injury. A request is made to enroll him in a functional restoration program in order to help his chronic pain. The program is the [REDACTED]. Its success rate is not documented in the record. There is documentation that the patient does not have any of the negative predictors of success for a functional recovery program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Weeks (80 Hours) Of [REDACTED] Consisting Of  
18 Hours of Patient Education: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs, pain interventions and treatments Page(s): 30-34, 11-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, education

**Decision rationale:** The chronic pain guidelines recommend a program with proven successful outcomes, for patients with conditions that put him at risk for delayed recovery. The patient should also be motivated to improve and return to work and meet the patient's selection criteria below. There is no documentation concerning the successful outcomes of patients in this program. Secondly, it is a little late to be considering delayed recovery since the patient has had his condition for 6 years. Thirdly, there is no documentation that the patient has returned to work. Finally patient education is an ongoing process between physician and patient's including patient's family, employer, insurer, a policy maker, and the community. This education process should have been going on throughout the 6 years of the patient's condition. It is primarily the responsibility of the treating physician. Therefore, the medical necessity of this program and the 18 hours a patient education has not been established. The request is not medically necessary.

**3 Units of Medication Management at 15 Minutes Each:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain program, pain interventions and treatments Page(s): 30-34, 11-14.

**Decision rationale:** Once again, medication management is part of an ongoing process between the physician and the patient throughout the course of the patient's condition. It is the responsibility of the physician to make known to the patient the medications he is taking, the reason for taking the medications, the side effects, and the addiction potential. Also important is what the patient should expect from the medication and what the options are if the medication does not work. This is all the responsibility of the treating physician and cannot be relegated to a 45 minute discussion. Therefore, the medical necessities for the medication management units have not been established. The request is not medically necessary.

**30 Hours of Therapeutic Exercise:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs, physical medicine Page(s): 30-34, 98-99.

**Decision rationale:** Physical medicine with an emphasis on therapeutic exercises is recommended for chronic pain patients. This patient has had his condition for 6 years. The

record does not document the amount of physical therapy the patient has had in the past. There is no documentation of functional improvement achieved with the therapy. There is no documentation that the patient is engaged in a home based program of active therapy. Therefore, without this documentation, the medical necessity of an additional 30 hours of therapeutic exercises has not been established. The request is not medically necessary.

**3 Hours of Biofeedback: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines biofeedback therapy guidelines Page(s): 25.

**Decision rationale:** The recommendations from the chronic pain guidelines are to screen for patients with risk factors for delayed recovery as well as motivation to comply with treatment regimens that requires self-discipline. This patient has had his condition for 6 years that in itself tells you that there may be risk factors for delayed recovery. There is no documentation or examples as to the patient's motivation to comply with a treatment regimen that requires self-discipline. Therefore, the medical necessity for biofeedback has not been established. The request is not medically necessary.

**3 Hours of Vocational Training: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs Page(s): 30-34.

**Decision rationale:** The chronic pain guidelines state that the likelihood of return to work diminishes significantly after approximately 3 months. The interdisciplinary pain program may be helpful at his stage prior to the development of permanent disability and this may be a period of no later than 3-6 months after a disabling injury. This patient has not worked in several years and the likelihood of him returning to some type of work is almost nil. Therefore, the medical necessity for vocational rehabilitation at this stage in this patient's disability has not been established. The request is not medically necessary.

**12 Hours of Psych Check-In and Check-Out: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines chronic pain program, psychological treatment Page(s): 34-38, 100-102.

**Decision rationale:** Psychological evaluations are well accepted diagnostic procedures for use in chronic pain populations. They can distinguish between conditions that are pre-existing, aggravated by the current injury, or are work related. They can uncover psychosocial factors that can give the clinician a better understanding of the patient in the social environment. They should include goal setting, determining appropriateness of treatment, conceptualizing the patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression. This patient according to his treating physician has a problem with depression. However, all the factors mentioned above are part of the ongoing treatment process that the physician should have included in his treatment plan. The patient's depression, which is not new, should have been dealt with during the 6 years of his disability. There is no documentation in the record of a psychological evaluation and subsequent treatment. The 12 hours psych check-in and checkout program appears to be too late in coming. Therefore, the medical necessity for such a program has not been established. The request is not medically necessary.