

Case Number:	CM14-0094776		
Date Assigned:	09/22/2014	Date of Injury:	07/03/2012
Decision Date:	10/21/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of July 3, 2012. A utilization review determination dated June 6, 2014 recommends non-certification of a functional restoration group for an additional two weeks for the cervical and lumbar spine. A progress note dated May 12, 2014 identifies subjective complaints of bilateral low back pain, new onset of neck pain, radiating pain to the right buttock, right knee, right leg, and intermittently has left buttock pain. The patient describes the pain as burning, numbness, sharp, and tightness. Her current pain score is a 11/10, baseline pain score is a 7/10, the pain is present constantly but at variable intensities, the patient complains of lower extremity weakness, bilateral lower extremity numbness, bilateral lower extremity tingling, stiffness of the knee, numbness in the fourth and fifth toes of the left foot that is constant, and numbness is greater in the right lower extremity than in the left lower extremity. The pain is aggravated with carrying, lying down, lifting, sitting, and twisting, the pain is alleviated with exercise/physical therapy (PT), heat, massage therapy, medication, position change, and rest. The patient continues to go to the gym on a regular basis, the patient continues to pace herself in order to avoid pain but continues to have high pain levels, the patient has been authorized for the first two weeks of the functional restoration program, and the patient continues to have high levels of stress and continues to be emotional during office visits. Current medications include cyclobenzaprine 10 mg, naproxen sodium 550 mg, Neurontin 300 mg, and soma 350 mg. Physical examination identifies straight leg raising while seated is positive on left side, muscle tenderness diffuse in lower back, and the patient appears tearful with verbal outburst of crying and groaning. The diagnoses include lumbar degenerative disc disease, complex regional pain syndrome, lumbar disc displacement without myelopathy, anxiety, reflex sympathetic dystrophy of the upper limb, depressive disorder, and psychophysiologic disorder. The treatment plan recommends continuation of Soma, cyclobenzaprine, Neurontin, a

prescription for naproxen, and the patient has been authorized for the first two weeks of the functional restoration program and is scheduled to start. A functional restoration program summary report dated May 27, 2014 identifies that the patient is participating well in class and interacting well in her group, the patient completed self-report testing which indicates that she is experiencing severe pain intensity and that her pain interferes with her daily activities, the patient reported progress in her first week with increased awareness of emotions and more awareness of her distorted thoughts. The patient is actively participating in exercise, is integrating diaphragmatic breathing for stress reduction, setting limits, pacing activity level, and is asking for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for Additional 2 weeks for the Cervical and Lumbar Spine, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page(s): 30-34, 49.

Decision rationale: Regarding the request for an additional 2 weeks of a functional restoration program for the cervical and lumbar spine, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Currently, there is only the first week assessment available for review, which does not contain any statement of subjective and objective improvements. In the absence of clarity regarding the above issues, the currently requested additional 2 weeks of a functional restoration program for the cervical and lumbar spine is not medically necessary.