MAXIMUS Federal Services

Case Number:	CM14-0218145		
Date Assigned:	01/07/2015	Date of Injury:	03/28/2013
Decision Date:	03/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: 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:

According to the records made available for review, the injured worker is a 51 year-old male with a date of injury of 03/28/2013. The results of the injury include neck pain with radiation to the shoulders. Diagnoses have included cervical radiculopathy; right shoulder pain. Diagnostic studies included an MRI of the cervical spine, dated 09/24/2014, which revealed multilevel degenerative disc bulging, most significant centrally at the C3-C4 level; no cord compression or foraminal narrowing; disc bulging and osteophytes at the C5-C6 level are eccentric to the left where there is at least moderate left foraminal stenosis. Treatments have included medications, cervical epidural steroid injection, and physical therapy. Medications have included Norco, Ultram ER, and Mobic. A progress note from the treating physician, dated 12/08/2014, documents an evaluation of the injured worker. The injured worker reported neck pain with radiation to the shoulders as well as numbness of the arms; pain is constant and worsened with activity and decreased with work; pain is described as electric shocks in the neck with certain movements; 10 % relief of pain with recent cervical epidural steroid injection, dated 11/19/2014. Objective findings included neck tenderness to palpation; positive Spurling's test; neck pain worsened with extension/flexion/rotation/lateral flexion; sensation positive dysesthesia with light touch; and depression. Treatment plan was documented to include evaluation for functional restoration program; and follow-up evaluation. Request is being made for a prescription for Evaluation for Functional restoration program - Cervical Spine.On 12/12/2014, Utilization Review non-certified a prescription for Evaluation for Functional restoration program - Cervical Spine. Utilization Review non-certified a prescription for Evaluation for Functional restoration

program - Cervical Spine based on the lack of documentation to indicate the extent to which the injured worker has lost the ability to function independently due to pain. As well, there is the need for more detailed and specific descriptions of the injured worker's impairments, with a rationale, linking them to the ongoing chronic pain condition. The Utilization Review cited the CA MTUS 2009 Chronic Pain Medical Treatment Guidelines: Criteria for the general use of multidisciplinary pain management programs. Application for independent medical review was made on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for functional restoration program-cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Pages 30-34. Functional restoration pro.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. The pain management consultation report dated December 8, 2014 documented a request for an evaluation for a FRP functional restoration program. Cervical epidural steroid injection on 11/19/14 provided 10% relief of pain. Response to other treatments was not documented. Absence of other treatment options was not documented. Loss of ability to function independently was not documented. Surgical candidacy was not addressed. The patient's willingness to forgo secondary gains, including disability payments, was not documented. Negative predictors of success were noted. Opioid use was documented. The patient had been prescribed Norco. The patient has a history of smoking cigarettes daily. The patient reported depression. Per MTUS, FRP functional restoration program may be considered medically necessary when all of the following criteria are met: Previous methods of treating chronic pain have been unsuccessful. 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. The patient is willing to forgo secondary gains, including disability payments. Negative predictors of success have been addressed. Negative predictors of success include high levels of psychosocial distress, higher pretreatment levels of depression, greater rates of smoking, and prevalence of opioid use. The 12/8/14 pain management consultation report indicates that the patient does not satisfy the MTUS criteria for a functional restoration program. Therefore, the request for a functional restoration program (FRP) is not medically necessary.