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| <b>Case Number:</b>   | CM14-0099380 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 02/11/2000 |
| <b>Decision Date:</b> | 08/18/2015   | <b>UR Denial Date:</b>       | 06/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/27/2014 |

### 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, Hawaii  
 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 62-year-old male, who sustained an industrial injury on 2/11/00. Initial complaints were not reviewed. The injured worker was diagnosed as having degenerative disc disease lumbosacral; degenerative disc disease cervical. Treatment to date has included status post cervical C5-C7 fusion (12/08); status post anterior/posterior cervical fusion with anterior decompression partial vertebrectomy/decompression spinal canal C4-C5 C6 cervical discectomy bilateral foraminotomy C4-C5, removal PEEK cage at C5-6 with decompression spinal cord/removal posterior uncovertebral joints, placement interbody prosthesis C4-5 and C5-6, removal of cervical plate at C5-6 and C6-7, anterior plate fixation C4-C7 and posterior segmental fixation C3, C4, C5, C6 and C7 (1/29/14); medications. Diagnostics studies included Sleep Apnea Study (+) (8/7/08); lumbar discogram (4/23/11); CT scan lumbar spine (5/28/11); MRI lumbar spine (5/29/11). Currently, the PR-2 notes dated 5/2/14 indicated the injured worker complains of upper, middle and lower back pain. He describes his pain as an ache, sharp and stabbing. Symptoms are aggravated by bending, daily activities, lying/rest, sitting, standing and walking. The symptoms are relieved by pain medications and rest. He attributes his pain to his industrial injuries and having two neck surgeries and two shoulder surgeries. His most recent surgery-status post anterior/posterior cervical fusion with anterior decompression partial vertebrectomy/decompression spinal canal C4-C5 C6 cervical discectomy bilateral foraminotomy C4-C5, removal PEEK cage at C5-6 with decompression spinal cord/removal posterior uncovertebral joints, placement interbody prosthesis C4-5 and C5-6, removal of cervical plate at C5-6 and C6-7, anterior plate fixation C4-C7 and posterior segmental fixation

C3, C4, C5, C6 and C7 (1/29/14). It was suggested that he see pain management. His current medications are listed by this provider as: Lidoderm, Methocarbamol, Percocet; Protonix, Metformin, Lovastatin, Xanax and Temazepam. He has a clinical history of diabetes, hypertension, and degenerative disc disease of the lumbar and cervical spine with surgical intervention of the cervical spine as noted. The submitted documentation notes that the injured worker has a physical therapy evaluation on 7/17/14 and subsequent physical therapy took place after that date but not before. The notes do claim benefit from the subsequent physical therapy. The provider is requesting authorization of PEP Program (Productivity Enhancement Program).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PEP Program (Productivity Enhancement Program): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Pain (Chronic) Functional Restoration Programs (FRPs).

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

**Decision rationale:** The patient presents with pain affecting the neck and low back. The current request is for PEP Program (Productivity Enhancement Program). The treating physician report dated 5/27/14 (107B) notes that a Functional Restoration program was suggested for the patient. There was no discussion of a PEP program in any of the documents provided for review. The MTUS guidelines recommend functional restoration programs when certain criteria is met. The guidelines go on to state the following regarding the Criteria for the general use of multidisciplinary pain management programs: "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, while the patient might be a candidate for a program that can restore function, the current request does not specify a quantity of hours in which the patient would participate in such a program, and the MTUS guidelines only support 20 full day sessions. Additionally the MTUS guidelines do not support an open-ended request. Furthermore, there was no discussion in the documents provided as to what the Productivity Enhancement Program would entail and why it is necessary to the patient's rehabilitation. The current request is not medical necessary.