

<b>Case Number:</b>	CM15-0017575		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/28/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: 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 57-year-old female who reported injury on 11/28/2010. The mechanism of injury was: the injured worker was struck several times in the head with a phone and was bit in the right breast. The documentation of 01/07/2015 revealed the injured worker had been having headaches due to the injury. The injured worker denied surgical interventions. The injured worker had complaints of headache and right breast pain. The headache was made worse by noise. The injured worker complained of numbness in the bilateral hands. The injured worker indicated she needed help every day in most aspects of personal care. The injured worker could only lift very light objects. The injured worker was noted to have an inability to walk extensive distances. Documentation indicated the injured worker could do very light activities for 2 minutes. The injured worker had difficulty climbing stairs, and difficulty sitting or standing for extensive periods of time, longer than 2 hours. The injured worker's sleep was greatly disturbed. The pain interfered with the injured worker's ability to travel and engage in social recreational activities most of the time. The injured worker was noted to have severe depression and anxiety from her injury and discomfort at all times. The injured worker's medications included bupropion XL 300 mg and mirtazapine, as well as baclofen, amlodipine, propranolol, hydrochlorothiazide, hydroxyzine and an oral inhaler. The physical examination revealed the injured worker had normal spinal curvature without scoliosis. Range of motion of her cervical spine was within normal limits. Palpation of the cervical paraspinal muscles in the upper part of the cervical spine was slightly tender. The injured worker had reflexes in the upper extremities, as well as a sensory and motor examination that was nonfocal. The examination of the head revealed pain at the top

of the head where the phone hit her head. There was no evidence of edema or erythema; the area was quite exquisitely tender. The physician conducted a urine tox screen, which was positive for THC and negative for any other prescribed medications. This was noted to be consistent with what the injured worker was reporting. The recommendation was made the initial evaluation of a [REDACTED] functional restoration program. The prior records indicated the injured worker had been recommended for a multidisciplinary program, that included physical therapy, back to school education, a conditioning program and instruction on active home exercise program. However, the injured worker was noted to have completed the program and had no improvement. Additionally, the documentation indicated the injured worker was a smoker and that the urine drug screen was positive for THC. The injured worker was noted to have depression. The documentation indicated the injured worker was being treated for depression. The additional documentation of 01/26/2015 revealed the injured worker was not a current smoker; however, was positive for THC. The documentation indicated that the injured worker had no negative predictors for success. The injured worker had depression as a result of the chronic injury and functional decline. The injured worker was noted to have a significant loss of ability to function independently as a result of chronic pain and that pain interfered with her ability to travel and engage in social and recreational activities most of the time. The physician opined the injured worker's symptoms were persistent, and it was believed the combination of depression, post-traumatic stress disorder and headaches could only be adequately treated in a multidisciplinary approach. The request was made for the initial evaluation, and if the injured worker participated in the program, then the provider would be a secondary treater.

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

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

#### **1 Initial Evaluation Functional Restoration Program: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

**Decision rationale:** The California Medical Treatment and Utilization Schedule Guidelines indicate that a functional restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing, so followup with the same test can note functional improvement; documentation of previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement; documentation of the patients significant loss of the ability to function independently resulting from the chronic pain; documentation that the injured worker is not a candidate for surgery or other treatments would clearly be warranted; documentation of the injured worker having motivation to change, and that they are willing to forego secondary gains, including disability payments to effect this change; and negative predictors of success has been addressed. The physician documentation indicated that the above had been addressed. An initial evaluation would have been appropriate, but the

clinical documentation submitted for review indicated the injured worker had previously attended a program, and that the program was unsuccessful. A repeat of the program would not be supported. As such, the request for 1 initial evaluation functional restoration program is not medically necessary.