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| <b>Case Number:</b>   | CM15-0114440 |                              |            |
| <b>Date Assigned:</b> | 06/22/2015   | <b>Date of Injury:</b>       | 09/14/2012 |
| <b>Decision Date:</b> | 07/21/2015   | <b>UR Denial Date:</b>       | 06/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/15/2015 |

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on 9/14/2012. Diagnoses include status post anterior cervical discectomy and fusion (ACDF) C4-5 (3/26/2015), status post L4-S1 decompression (11/04/2014), right shoulder impingement impairment and diabetes mellitus. Treatment to date has included surgical intervention, physical therapy and medications including opioid pain medication. Per the Primary Treating Physician's Progress Report dated 5/18/2015, the injured worker reported that much of her neck pain has improved. She continues to complain of low back pain which has improved since surgery but she cannot stand for more than 5 minutes without severe back pain. She cannot walk more than 100 feet without paresthasias in her legs. She also describes pain in her right anterior leg that is secondary to iliac crest revision. Physical examination of the cervical spine revealed a well healed incision in her neck and right iliac crest region. Her motor exam was grossly intact. The plan of care included physical therapy and a functional restoration program. Authorization was requested for a return to work/functional restoration/work hardening program 4 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Return to work/functional restoration/work hardening program 4 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines return to work, functional restoration programs (FRPs) Page(s): 104, 49, 31-32.

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

**Decision rationale:** According to the guidelines, 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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (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 above have been addressed. In this case, although, the claimant s returning to work and has failed conservative measures to improve function, the request for 16 sessions of FRP exceeds the guidelines criteria for 10 sessions to determine functional improvement. The request exceeds the guidelines recommendations and is not medically necessary.