

<b>Case Number:</b>	CM15-0174044		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/23/2015
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Indiana, New York  
 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:

The injured worker is a 51 year old male who sustained an industrial injury on 1-23-15 when he fell off of a beam landing on his lower back with immediate numbness, tingling and weakness after the fall. He was initially to undergo spinal surgery but developed cardiogenic shock and the surgery was aborted. Diagnosis was cervical myelopathy; incomplete spinal cord lesion at C5-7; quadriparesis; neurogenic bowel; depression; spinal stenosis. He currently (8-26-15) complains of upper back pain with a pain level of 6 out of 10. He ambulates with a wide based gait and a cane. He has a positive Hoffman's in the bilateral upper extremities, hyperflexic in the lower extremities and has 2 beats of clonus with positive Babinski. He has deficient strength at the right upper and lower extremities with muscle spasticity to the right lower extremity. He has a spastic type position of the right hand with early claw-like deformity. He has sequel of spinal cord injury. He is improving but retains some of the physical findings of myelopathy. He is on temporary total disability. Diagnostics included MRI of the cervical spine (3-18-15) showing severe C5-6 central stenosis and cord impingement from disc extrusion, neuroforaminal narrowing. Treatments to date include C3-7 laminoplasty for myelopathy (4-20-15); physical therapy with 2 visits remaining as of 8-11-15 but will need further treatments to improve function; medications: Miralax, Norco. In the 8-11-15 note, the treating provider's plan of care included a request for functional rehabilitation program. The request for authorization dated 8-12-15 indicates functional rehabilitation program. On 8-28-15 utilization review evaluated and non-certified the request for functional rehabilitation program based on documentation not

reflecting the gradual worsening of symptoms, failure of medications, psychotherapy and physical therapy and whether a functional capacity evaluation was done.

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

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

**Functional rehabilitation program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are status post-cervical laminoplasty for severe stenosis and cervical myelopathy. The date of injury is January 23, 2015. Request for authorization is August 24, 2015. The injured worker was hospitalized for urgent neck surgery and subsequently transferred to inpatient rehabilitation April 24, 2015 through May 1, 2015. The documentation shows the treating provider referred the injured worker to a psychologist for evaluation on July 31, 2015. The psychologist recommended a trial of pain management and six sessions of cognitive behavioral therapy. There is no documentation of a functional capacity evaluation to support the request for a functional restoration program. Subjectively, the injured worker has ongoing neck and upper back pain. Objectively, the injured worker has a spastic gait decreased motor strength in the right upper and lower extremities. The treatment plan indicates the injured worker needs additional physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker needs additional

physical therapy, no documentation of a functional restoration program evaluation, and documentation indicating additional psychotherapy and cognitive behavioral therapy is indicated, functional restoration program is not medically necessary.