

<b>Case Number:</b>	CM15-0064071		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 39-year-old female, who sustained an industrial injury on 7/25/14. She reported initial complaints after a slip and fall industrial injury for neck, back and right knee. The injured worker was diagnosed as having lumbar strain/sprain and myofascial pain; right lumbar radicular symptoms; chronic pain syndrome; cervical strain; thoracolumbar strain. Treatment to date has included chiropractic therapy; Toradol injection (9/30/14); MRI cervical spine (10/23/14); medications. Currently, the PR-2 notes dated 2/10/15 the injured worker complained of low back, neck and right leg, head pain described as constant, achy/numbness/ burning, worse with walking at a pain level of 8/10. The treatment plan on this date included a request for a lumbar MRI to rule out impingement, discontinue Pamelor due to excessive sedation; continue Relafen 500mg one tab BID #60 and awaiting authorization for CBT evaluation and 4 sessions for development of pain coping skills. The PR-2 notes dated 2/23/15 indicate the injured worker continues complaints of neck pain and has headaches occurring every second day. The provider has requested a Functional Restoration Program with pain solutions at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Functional Restoration Program.

**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; and adequate 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 (24 days or 160 hours) or the equivalent in part based sessions. There are predictors of successful failure, which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured workers working diagnoses are rule out herniated nucleus pulposus; sciatica; and radiculopathy. The December 2014 progress note shows the injured worker received nonsteroidal anti-inflammatory drugs, heat/ice therapy, physical therapy, chiropractic treatment and physiatry. There was a possibility of epidural steroid injections but no documentation anywhere given. The request for authorization was dated February 2015 and pursuant to a February 23, 2015 note the injured worker remains on modified duty with restrictions. The documentation from a February 10, 2015 progress note shows the PM&R physician is requesting cognitive behavioral therapy evaluation and four sessions of development of pain coping skills and a lumbosacral MRI to rule out nerve impingement. The physician is also continuing Relafen. There is no documentation in the medical record the injured worker has a motivation to change and is willing to change the medication regimen. There is no documentation the injured worker is aware that successful treatment may change compensation and/or other secondary gains. The documentation indicates the treating physician has not completed a thorough workup and is requesting authorization for cognitive behavioral therapy evaluation and four sessions of pain coping skills in addition to a lumbosacral MRI to rule out nerve impingement. There do not appear to be negative predictors of success in the record. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines with pending additional workup with pending authorizations, functional restoration program is not medically necessary.