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| <b>Case Number:</b>   | CM15-0094706 |                              |            |
| <b>Date Assigned:</b> | 05/20/2015   | <b>Date of Injury:</b>       | 10/09/2008 |
| <b>Decision Date:</b> | 06/22/2015   | <b>UR Denial Date:</b>       | 05/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old male, who sustained an industrial injury on 10/09/2008 while lifting a heavy object that resulted in a pop in his neck and subsequent neck pain. According to a report dated 04/09/2015, he complained of left upper extremity numbness and shooting pain, pain radiating from his neck to his lumbar spine area and bilateral thigh cramps, depression, social isolation and severe dysfunction in activities of daily living. He reported significant impairment in most activities of daily living including problems with lifting, sex, traveling, social, weight gain and sleeping. His overall pain levels were up and his functionality was down in spite of opiates. He was isolated and fearful of leaving his home. He generally did not function including personal hygiene. His mood, sleep and social functions were disturbed. Treatment to date has included physical therapy, exercise, medications, counseling, surgery, radiofrequency ablation, trigger point injection and rest. Diagnoses included chronic cervicalgia, cervical disc degenerative disease status post C5-C7 anterior cervical disc fusion, apparent left cervical radiculitis, pain-related insomnia, situational depression/anxiety and opiate related constipation and nausea. Current medications included Norco, Klonopin, Flexeril, Ambien, Wellbutrin, Duloxetine, Zantac, Terazosin and Metamucil. The injured worker had tried to cut down on opiates without success and had intermittently experienced withdrawal symptoms. He currently met criteria for opioid related disorder not otherwise specified. The provider recommended a comprehensive residential, non-narcotic Functional Restoration Program pain management program emphasizing functional restoration, strengthening, weight loss, opiate detoxification, pain self-management and mood control. Currently under review is the request for 8-10 weeks of comprehensive residential Functional Rehabilitation Program, strengthening, weight loss and opiate detox.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management 8-10 weeks of comprehensive residential FRP, strengthening, weight loss, opiate detox:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

**Decision rationale:** Pain management 8-10 weeks of comprehensive residential FRP, strengthening, weight loss, opiate detox is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request for 8-10 weeks of an interdisciplinary program is not necessary as this exceeds the MTUS Guideline recommendations of a 2 week trial as well as the total full day treatment duration.