

Case Number:	CM13-0019979		
Date Assigned:	01/10/2014	Date of Injury:	04/07/2012
Decision Date:	04/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 54-year-old male with a 4/7/12 date of injury. At the time (8/14/13) of request for authorization for a Functional Restoration Program, there is documentation of subjective (neck pain down bilateral shoulders worse with standing and walking, less with sitting, pain rated 7-8/10, difficulty sleeping, anxiety, weight gain (unspecified) and "the patient expressing a wish to get back to normal functional activities") and objective (positive Spurling's on the left, decreased range of motion with rotation and lateral bending of the neck bilaterally, and tenderness of the cervical paraspinal muscles), findings ("nerve test" (date unknown) report revealing findings of median neuropathy), current diagnoses (cervicalgia, cervical disc herniation, and cervical degenerative disc disease), and treatment to date (medications including Ibuprofen, Flector patch, Naproxen and Neurontin; physical therapy; chiropractic therapy; acupuncture; and epidural injections; all of which have failed; and neurosurgical consultation which concluded that the patient is not a surgical candidate). There is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain.

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.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity for a Functional Restoration Program. Within the medical information available for review, there is documentation of diagnoses of cervicgia, cervical disc herniation and cervical degenerative disc disease. In addition there is documentation that an adequate evaluation, including baseline functional testing, was performed; that previous conservative methods of treating chronic pain have been unsuccessful; that there is an absence of other options likely to result in significant clinical improvement; that the patient is not a candidate where surgery or other treatments would clearly be warranted; and that the patient exhibits motivation to change. However, there is no documentation of a significant loss of ability to function independently resulting from the chronic pain. Therefore, based on guidelines and a review of the evidence, the request for a Functional Restoration Program is not medically necessary.