MAXIMUS Federal Services

Case Number:	CM13-0020870		
Date Assigned:	10/11/2013	Date of Injury:	01/25/2012
Decision Date:	03/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Physical Medicine, has a subspecialty in Interventional Spine 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 physician 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:

This patient is a 52-year-old female with date of injury on 01/25/2012. Per the treating physician's report dated 07/30/2013, the patient has persistent 8/10 to 9/10 pain in the neck and the shoulder, but the patient would like to go back to full duty as a trial from next Monday. Current medications listed are Trazodone, Medrox ointment, and levothyroxine. Listed diagnoses are cervicalgia and cervical disk displacement. Under discussion, the patient's work status changed to full duty and follow up in another 4 weeks. The patient was not interested in trying an epidural steroid injection as suggested, but the patient would like to try one spine specific program to strengthen her cervical spine neuromuscular, reeducation and learn an exercise program to continue to stay functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **60 hours or 24 sessions):** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: This patient suffers from shoulder and neck pain. MRI of the cervical spine is described from July 2012 as multilevel disk protrusions from C2 through C7. Per the provider's report on 07/30/2013, the patient is ready to go back to full duty as a trial starting the following Monday. Description of the requested Spine program appears to be a type of Functional Restoration Program. Functional Restoration Programs require adequate and thorough evaluation of the baseline of function, documentation of previous methods of treating chronic pain has been unsuccessful, the patient has significant loss of ability to function independently resulting from chronic pain, etc. In this case, the patient appears to be able to function independently despite chronic pain as the patient is willing to go back to full duty. Furthermore, the MTUS Guidelines require predictors of success and failure, including documentation of negative relationship with employer, supervisor, poor work adjustments and satisfaction, negative outlook about future employment, high level of psychosocial distress, etc. In this case, none of this has been provided. Given that this patient is already functioning at a high level and ready to return to regular work without limitation, this type of comprehensive program would not be of much benefit. Therefore, the requested services are not medically necessary at this time.