

Case Number:	CM13-0026188		
Date Assigned:	11/22/2013	Date of Injury:	05/28/2011
Decision Date:	01/28/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/18/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 40-year-old female who reported an injury on 05/28/2011. The mechanism of injury was noted as a fall. The patient has diagnoses of cervical disc displacement without myelopathy, chronic pain, and cervical spine stenosis. It was noted that the patient has had extensive conservative treatment including acupuncture, physical therapy, and chiropractic manipulation without significant improvement in symptoms. She also had a cervical epidural steroid injection, which provided no benefit. It is noted that the patient has become increasingly frustrated and worried regarding both lack of functional improvement and her improvements in pain management. She has expressed a desire to improve her functional abilities and pain management skills so that she can work successfully. It is also noted that she has no guidance to engage in rehabilitation efforts secondary to fear avoidance, physical deconditioning, and a lack of knowledge as to how to implement an appropriate home exercise program. The patient has also shown symptoms of depression secondary to her pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours or 10 full days of multi-disciplinary treatment at the function restoration program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic pain programs (functional restoration programs) Page(s): 30-32..

Decision rationale: The California MTUS Guidelines state that chronic pain programs/functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. The Guidelines state that patients should be motivated to improve and return to work, and meet the patient selection criteria. The criteria includes 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, the patient has significant loss of ability to function independently resulting from chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, and the patient exhibits motivation to change. The patient was noted to have undergone an initial evaluation and multidisciplinary conference regarding a functional restoration program on 08/06/2013. The documentation states that the patient has met all the criteria for the program, including that she received an adequate and thorough evaluation, the previous methods of treating her chronic pain have been unsuccessful, she has documented significant losses in her ability to function independently, she is not a surgical candidate, and she does exhibit the motivation to change and is willing to forego secondary gains. As the documentation submitted for review shows that the patient does meet the criteria for a chronic pain/functional restoration program, the request for 160 hours or 10 full days of multi-disciplinary treatment at the function restoration program is certified.