

Case Number:	CM13-0030220		
Date Assigned:	11/27/2013	Date of Injury:	03/15/2012
Decision Date:	02/05/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/30/2013

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 Family Practice, 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:

The patient is a 63-year-old male who reported a work related injury on 03/15/2012, as a result of a fall. The patient subsequently presents for treatment of the following diagnoses: cervical sprain/strain, traumatic brain injury, post concussion headaches and myofascial pain syndrome. The clinical note dated 12/04/2013 documents the patient was seen under the care of [REDACTED]. The provider reports the patient continues to present with pain and discomfort involving the neck, cervical spine and low back in addition to headaches. The provider documents, upon physical exam of the patient, decreased cervical spine range of motion were noted. Motor strength was 5/5 throughout the bilateral upper extremities. The provider documented myofascial trigger points in the cervical paraspinal musculature. The provider documents the patient is unable to return to work and is still symptomatic with pain and discomfort. The provider documents the patient is to continue to utilize Mobic 7.5 mg and Flexeril for inflammation of pain and spasm controls. The provider documents a recommendation for the patient to undergo participation in a Functional Restoration Program. The provider additionally recommended the patient utilize exercises at no pain range and to apply modality treatment on an as needed basis for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Functional Restoration Programs Page(s): 31-32.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the requested intervention at this point in the employee's treatment. The clinical notes document the employee has utilized lower levels of conservative treatment to include a medication regimen, injection therapy and physical therapy for continued pain complaints about the cervical and lumbar spines status post a work related fall and injury sustained in 03/2012. However, the clinical notes failed to evidence a Functional Capacity Evaluation, psychological evaluation, documentation of goals of treatment for the employee's participation in the multidisciplinary program. The MTUS guidelines indicate outpatient pain rehabilitation programs may be considered medically necessary when the following criteria are met: an adequate and thorough evaluation has been rendered including baseline functional testing so followup with the same test can note functional improvement. Additionally, the clinical notes do not indicate the employee was utilizing any opioids, as the provider documented the employee's medication regimen included Mobic and Flexeril. Physical exam findings of the employee lacked significant objective evidence of symptomatology. Given all the above, the request for a Functional Restoration Program for 2 weeks is not medically necessary nor appropriate.