

Case Number:	CM13-0038230		
Date Assigned:	12/18/2013	Date of Injury:	01/04/1993
Decision Date:	05/14/2014	UR Denial Date:	09/20/2013
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 Physical Medicine and Rehabilitation, 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:

The patient is a 57-year-old female with date of injury of 01/04/1993. The listed diagnoses dated 09/12/2013 are: Chronic pain syndrome, L4-L5 disk bulge, Right S1 radiculopathy, Status post lumbar surgery in 1993, Cervical disk bulge, Cervical radiculitis, Cervical spondylosis, Status post cervical epidural steroid injection, 09/04/2013. According to progress report dated 09/12/2013, the patient complains of pain in the neck with range of motion. She states that the radiating pain is gone as well as the pain in her head and arms. She has much less severe or frequent headaches after her cervical epidural steroid injection on 09/04/2013. EMG/NCS studies of the bilateral upper extremities and cervical paraspinal muscles revealed the right C7, C8, T1, and the left C6, C7 radiculopathy. MRI of the cervical spine revealed C7-T1 disk protrusion, moderate to severe foraminal narrowing at C3-C4 and C5-C6, mild to moderate C4-C5 central canal stenosis, C3-C7. She rates her pain an average of 7-8/10. Medications give her 40% pain reduction. She reports no side effects. There is no aberrant drug behavior. She states she is more functional on medications. Last urine drug test was 07/03/2013 and was consistent with prescribed medications. Objective findings showed tenderness to palpation at the cervical paraspinal muscles and along facet joints. Motor strength was 5/5 in the upper limbs. Sensory examination revealed decreased sensation to pinprick along the left arm. The patient has mild tenderness on palpation and muscle spasm at the lumbar paraspinal muscles. Range of motion was limited to extension and lateral bending. Manual muscle testing revealed the muscle strength to be 5/5 in the lower left extremity. The physician is requesting a Functional Restoration Program.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: This patient presents with chronic pain in her neck and lower back. Treater is requesting a Functional Restoration Program. Utilization review dated 09/20/2013 denied the request but this report was not made available for review. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs and indicates it may be considered medically necessary when all criteria are met including: Adequate and thorough evaluation has been made. Previous methods of treating chronic pain have been unsuccessful. Significant loss of ability to function independently resulting from the chronic pain. Not a candidate for surgery or other treatments would clearly be. The patient exhibits motivation to change. Negative predictors of success above have been addressed. These negative predictors include evaluations for poor relationship with employer, poor work satisfaction, negative outlook in the future, etc. An FRP assessment was completed on 08/13/2013, stating "The patient suffered an industrial injury 10 years ago resulting in chronic pain in her neck, left arm, low back and right leg and deconditioning. She received conservative treatment including interventional procedures and underwent lumbar surgery with temporarily and insignificant improvement of her symptoms. She has developed chronic pain syndrome. A sustained improvement in patient's symptoms requires a multidisciplinary approach addressing the complex nature of patient' pain and related deconditioning. The patient is a great candidate for the program." While the patient is great candidate for FRP, the treater failed to evaluate negative predictors and motivation for change that is required by MTUS. MTUS guidelines requires "all" the criteria mentioned above be made before consideration is given for participation in a multidisciplinary program. Recommendation is for denial.