

Case Number:	CM13-0050048		
Date Assigned:	01/15/2014	Date of Injury:	07/12/2012
Decision Date:	03/26/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 53 year old male who sustained a work-related injury on July 12, 2012. Her subsequently developed chronic neck pain and right shoulder pain. He was diagnosed with cervical displacement without myelopathy. He underwent a functional rehabilitation program and, according to the report dated October 10 2013, the patient has significant improvement of his condition. There has been 25% reduction in his initial symptoms of anxiety and depression, improvement of his mood and mental status, as well as with a better ability to manage his chronic pain. The patient already completed the 10 days of functional rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for [REDACTED] for the neck and right shoulder for 20 full day sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

Decision rationale: The patient showed significant improvement with the 10 day functional restoration program. However, the total duration of a functional program should not exceed 20

sessions without a clear rationale, or documentation that the patient would benefit from the extension. It is reasonable that the patient could be approved for 10 more days of a functional rehabilitation program, and then could be reassessed for possible extension; however, there is no provision to modify the request at this level. Therefore, the request is noncertified.