

Case Number:	CM13-0057553		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2012
Decision Date:	03/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications attorney representation; unspecified amounts of psychological counseling; transfer of care to and from various providers in various specialties; MRI imaging of the cervical spine of December 5, 2013, notable for multilevel disk protrusions of uncertain clinical significance; electrodiagnostic testing of the bilateral lower extremities of March 12, 2013, negative for any radiculopathy or neuropathy; electrodiagnostic testing of the left upper extremity of October 9, 2013, notable for multilevel C5-C6 cervical radiculopathy; a cane; and extensive periods of time off of work. In a Utilization Review Report of November 13, 2013, the claims administrator denied a request for a functional restoration program. In a December 3, 2013 progress report, the claimant reportedly has persistent low back and neck complaints, 6-7/10. The applicant is on topical cream and topical Lidoderm, it is further noted. A 4/5 upper extremity strength is noted. The applicant is given prescriptions for topical Voltaren, topical ketamine, topical Lidoderm, and oral Motrin. Cervical epidural steroid injection therapy is sought. The attending provider acknowledges that the applicant is interested in a surgical remedy and is still undergoing treatment for the cervical spine, including epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 days of the Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program include evidence that there is an "absence of other options" likely to result in significant clinical improvement. In this case, however, the applicant is seemingly intent on pursuing other treatments, including epidural steroid injection therapy and possible cervical spine surgery. A functional restoration program is not, therefore, indicated as the applicant is pursuing other treatments which could result in functional improvement here. Accordingly, the request remains non-certified, on Independent Medical Review.