MAXIMUS Federal Services

Case Number:	CM13-0064817		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2007
Decision Date:	06/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 expert 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:

This is a 44-year-old female patient with a date of injury on 10/01/2007 diagnosed with carpal tunnel syndrome, cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, spinal stenosis lumbar, status post bilateral carpal tunnel release surgeries. The mechanism of injury occurred while working as a Custodian, which included daily cleaning, sweeping, mopping, dusting, window washing, restroom complaining, trash removal and vacuuming. She reported feeling numbness in her hands around 2007 and was dropping things at home. Previous treatment included physical therapy, acupuncture, cervical epidural steroid injections and cervical facet injections, as well as psychology for noted depressive symptoms, and surgery. It is noted the patient continued to work through 2008 at which time she was placed on modified duty and symptoms worsened. The patient reports continued depressive symptoms and pain, with difficulty performing activities of daily living including recreational activities with her children. Physical examination findings noted tenderness to palpation throughout the spinous processes of the cervical, thoracic and lumbar spine. Cervical range of motion was limited by pain. Reflexes were absent at the left biceps versus 2+ on the right. There is diminished sensation in the anterior aspect of the left shoulder versus the right. Motor examination revealed generalized weakness in grip, elbow range flexion/extension and shoulder abduction bilaterally. This was symmetrical. Tinel's was positive over the median nerves bilaterally. Shoulder range of motion was limited bilaterally and there was slight tenderness over the lateral epicondyles as well as the trapezius and rhomboids bilaterally. An MRI of the cervical spine dated 06/07/2011 noted impression of 2-3 mm broad-based disc osteophyte complexes with mild uncovertebral joint prominence at C4-5, C5-6 and C6-7 resulting in mild bilateral foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs Sections Page(s): 6,29-31.

Decision rationale: This is a patient with long-standing chronic pain and functional impairment despite conservative care rendered to date including physical therapy, acupuncture, cervical epidural steroid injections and cervical facet injections, as well as psychology for noted depressive symptoms, and surgery. The patient remains symptomatic and continues to have objective deficits noted on examination. Documentation has identified physical barriers to return to work and psychological factors likely posting a barrier to recovery. The CA MTUS states "Studies have shown that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered." Functional Restoration Programs (FRP) emphasizes the importance of function over the elimination of pain and incorporates components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. Although the previous reviewer noted that there may be less evidence to support positive outcomes in patients with cervical and shoulder injuries as compared to lumbar injuries, simply having diagnoses related to the cervical and shoulder region would not preclude the patient from undergoing an evaluation. Therefore, a Functional Restoration Program (FRP) evaluation is medically appropriate in this case.