MAXIMUS Federal Services

Case Number:	CM13-0065220		
Date Assigned:	01/03/2014	Date of Injury:	06/04/2010
Decision Date:	04/04/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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:

This patient is a 42-year-old female with date of injury of 06/04/2010. According to the treating provider's report dated 10/29/2013, the listed diagnoses are cervical strain, cervical disk protrusion, right wrist sprain rule out carpal tunnel, lumbar sprain, depression/anxiety, sexual insufficiency, weight gain, moderate to severe L4-L5 and degenerative disk disease with endplate edema. Under treatment and plan, the treating physician recommended electromyography (EMG)/nerve conduction studies, Duragesic patch, Flexeril, Colace, and the patient wants to continue home exercise program. The presenting subjective symptoms per this report by [redacted] are continued neck pain at 6/10 to 7/10, and bilateral hand pain numbness and tingling. There was a complaint of low back pain, and with medications, the pain goes down to a 5/10 to 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

A comprehensive 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 Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: This patient presents with chronic neck and low back pain, with degenerative disk disease at L4-L5 per an MRI. The Functional Restoration Program was requested by the agreed medical exam (AME) report dated 11/01/2013, which was done by a psychologist. On page 16 of this report, it is indicated "that she participated in a comprehensive Functional Restoration Program that will help her develop new coping mechanisms to deal with her pain and dysphoria." The provider goes on to state that the patient is in need of psychobehavioral modification in an effort to improve her physical vocational and emotional functioning. The Chronic Pain Guidelines support the Functional Restoration Program. The guidelines indicate that it is recommended. However, certain criteria must be met including documentation of "predictors of success and failure" that includes documentations of negative relationship with employer/supervisor, poor work adjustment and satisfaction, and a negative outlook about future employment. It also requires documentation of the patient's motivation to participate in such program and ability to forego secondary gains including disability payments to effect this change. This request has not come with any of these documentations. The current request for open-ended Functional Restoration Program cannot be considered given the lack of appropriate documentation regarding this patient's candidacy and assessment. Recommendation is for denial.