

Case Number:	CM13-0071579		
Date Assigned:	01/08/2014	Date of Injury:	08/15/2012
Decision Date:	05/30/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/27/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 48 year old female with date of injury reported on 08/15/2012. The injured worker complained of right upper extremity pain, along with difficulty using her right hand. An MRI performed on 09/23/2013 visualized early degenerative changes of the cervical spine, along with mild left C4-C5 neural foraminal narrowing. The injured worker had EMG and NCV exams on 09/24/2013, clinical documentation stated that both findings were normal with no evidence of right or left cervical radiculopathy. The injured workers medication regimen included Mobic and Tylenol No 3. According to the clinical documentation dated 10/24/2013, the injured worker presented with "decreased" cervical spine range of motion and "decreased" lumbosacral spine range of motion, the deep tendon reflexes were 2/2 and motor strength was recorded at 5/5. According to clinical documentation provided the injured worker had "decreased" right shoulder range of motion and negative right shoulder rotator cuff impingement test, as well as a positive Tinel's at the right wrist and elbow. According to the medical evaluation dated 11/04/2013 the physician documented that the injured worker has reached maximum medical improvement, the EMG performed on that date showed evidence of right wrist and ulnar neuropathy. The injured worker has partially completed an FRP program with "good results" per progress note. The request for authorization of FRP program to neck and lumbar x3 was submitted on 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP PROGRAM TO NECK AND LUMBAR 3X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33; 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM Page(s): 49.

Decision rationale: According to the CA MTUS guidelines functional restoration programs are recommended, although treatment is not suggested for longer than 2 weeks without clear documentation of subjective and objective gains. There is a lack of clinical documentation of increased functional ability. As the request is for FRP program to neck and lumbar 3x6, the request for 18 sessions exceeds recommendations for the initial trial. Therefore, the request for FRP Program to Neck and Lumbar 3X6 is not medically necessary.