

Case Number:	CM13-0072378		
Date Assigned:	01/08/2014	Date of Injury:	03/22/2006
Decision Date:	08/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/31/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 52 year old female with a work injury dated 3/22/06. The diagnoses include cervical disc displacement without myelopathy, sprains and strains of the neck, pain in the shoulder joint. Under consideration is a request for a Functional Restoration Program (FRP): Per documentation the patient has had physical therapy, massage, chiropractic, medications, and exercise, epidural injection, and TENS treatment. There is a follow up visit from a pain physician dated 12/10/13 that states that the patient complains of neck pain. It radiates to the left shoulder, right shoulder, left arm and right arm. The patient's pain is characterized as dull and sharp shooting. Her medications include Gabapentin, Norco, Soma, Tramadol and Quazepam. Patient ambulates without a device. Gait of the patient is normal. Her cervical range of motion is restricted. On examination of paravertebral muscles, spasm, tenderness and tight muscle band is rooted on both sides. The Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arms. On sensory examination, light touch sensation is decreased over lateral forearm on the left side. The treatment plan includes recommending psychological therapy, physical therapy (PT) x 8, and a recommendation for a functional restoration program. There is a 12/17/13 document that reports that the patient's pain has affected her ability to perform her activities of daily living. The pain has stopped her from going to work, performing household chores, doing yard work, shopping exercising, socializing and participating in recreational activities. The patient reports that her pain increases with, walking, overhead reaching, grasping and lifting. The current physical capacity is insufficient to pursue work, family, or recreational needs. There is an 8/19/13 agreed medical evaluation that states that at that time the patient was basically retired from her position. She has not been returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: The MTUS guidelines state that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. The guidelines also state that the patient should exhibit motivation to change. Furthermore, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation indicates that the patient is retired. The documentation does not indicate the patient has motivation to change. The documentation indicates that a psychology evaluation was performed but not a baseline functional test with a thorough evaluation for this program. The guidelines do not recommend an entire functional restoration program at one time but rather a 2 week trial with demonstrated efficacy. The request as written does not have a time limited duration. Therefore, a Functional Restoration Program (FRP) is not medically necessary.