

Case Number:	CM14-0002845		
Date Assigned:	01/29/2014	Date of Injury:	03/03/2011
Decision Date:	06/19/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/08/2014

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, and is licensed to practice in California and Washington. 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 49-year-old female who reported an injury on March 3, 2011. The mechanism of injury was not provided. The documentation of December 23, 2013 revealed that the injured worker continued to have neck pain and had physical therapy that was pending. The injured worker had an epidural steroid injection that was helpful. The cervical spine examination revealed range of motion was limited secondary to pain. The Spurling's test was positive. The injured worker had a positive left Adson's test. The injured worker had negative Waddell testing. The diagnoses included herniated nucleus pulposus, borderline instability on flexion/extension x-rays, and radiculitis of the left upper extremity, probable thoracic outlet syndrome, and depression. The treatment plan included an exercise program, surgical timing, and steroid injections. It was indicated that surgery should be kept as a last option. The physician indicated that the injured worker should have physical therapy, consideration for treatment of depression, and alternative treatments included a Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (2) TIMES A WEEK FOR (6) WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS, 31-32

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAM, FUNCTIONAL RESTORATION PROGRAM, 30-32

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that a Functional Restoration Program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to meet the above criteria. The documentation indicated the injured worker was a candidate for surgery and that other treatments may be warranted. The request for a functional restoration program, twice weekly for six weeks, is not medically necessary or appropriate.