

Case Number:	CM14-0103695		
Date Assigned:	07/30/2014	Date of Injury:	10/05/2011
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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 33-year-old male who reported an injury on 10/05/2011. The mechanism of injury was the injured worker was carrying a box of coins. The injured worker underwent Electrodiagnostic testing and an MRI. Prior treatments included medications and therapy. The injured worker underwent a cervical epidural steroid injection on 03/25/2014. Documents of 06/13/2014 revealed the injured worker had complaints of severe fatigue. The injured worker had complaints of headaches. The current medications for the injured worker included Naproxen Sodium - Anaprox 550mg, Pantoprazole - Protonix 20mg, Tramadol/APAP 37.5/325mg, Ketamine 5% Cream 60gm, Gabapentin 600mg tablets, Vitamin C 1000mg tablets, and Vitamin D3 800 units. The diagnoses included cervical disc displacement without myelopathy, degeneration cervical disc, and neck pain. The treatment plan included an initial evaluation at the [REDACTED] Functional Restoration Program. The documentation indicated the physician documented in regards to the denial of a functional restoration program; the physician would point out that an adequate and thorough evaluation had been made; medical baseline functioning testing had been performed. Previous methods of treatment for chronic pain for the injured worker had been unsuccessful. Overall, there was an absence of other options with likely overall improvement in the clinical outcome and the injured worker had significant loss of ability to function. The injured worker was not a candidate for surgery at that time and did not exhibit any negative predictors for success. The injured worker was motivated to change and was willing to forgo secondary gains including disability payments to affect change. The documentation indicated the injured worker failed injection therapy and the physician opined the injured worker was not a good candidate for surgical intervention. The documentation indicated as the injured worker continued to have symptomatic neck pain and left upper extremity pain, the injured worker should have a somatosensory evoked potential.

IMR ISSUES, DECISIONS AND RATIONALES

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

One evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

Decision rationale: The California MTUS Guidelines indicate that the criteria for the general use of a multidisciplinary pain management program include that an adequate and thorough evaluation has been made including base line functional testing so follow-up testing can note functional improvement, previous methods of treating chronic pain have been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, and the injured worker has a significant loss of ability to function independently resulting from chronic pain. Additionally, there should be documentation the injured worker is not a candidate where surgery or other treatments would clearly be warranted. There should be documentation the injured worker has motivation to change and is willing to forgo secondary gains and that negative predictors of success have been addressed including a negative relationship with the employer/supervisor, poor work adjustment and satisfaction, a negative outlook of future employment, high levels of psychosocial stress, including involvement in financial disability disputes. The clinical documentation submitted for review indicated the injured worker has not been in work and has been out of work since 10/2011. The documentation further indicated the injured worker was undergoing a workup to assess a possible brachial plexus lesion and the work was incomplete. Given the above, the request for an evaluation for a functional restoration program is not medically necessary.