

Case Number:	CM14-0106526		
Date Assigned:	07/30/2014	Date of Injury:	12/16/2009
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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 Nevada. 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 records, presented for review, indicate that this 54-year-old female was reportedly injured on December 16, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 5, 2014, indicated that there were ongoing complaints of cervical spine pain radiating down the left arm. The physical examination demonstrated decreased cervical spine range of motion with tenderness along the paracervical muscles and trapezius muscles. There were decreased left shoulder range of motion and a positive Neer's test and Hawkins test. Diagnostic imaging noted degenerative disc disease of C4-C5, C5-C6 and C6-C7 with a left paracentral annular tear at C5-C6. Previous treatment included physical therapy and epidural steroid injections. A request had been made for 20 part day sessions of a functional restoration program and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Trial of 20 part day sessions at 4 hours/day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Chronic Pain Programs Page(s): 30-24 of 127.

Decision rationale: The previous utilization management review, dated June 24, 2014, did not certify a request for a functional restoration program stating that the individual has not completed lower levels of care. However, the progress note dated, June 5, 2014, specifically states what the California MTUS criteria are for a functional restoration program and states that all these criteria have been met. Therefore, this request for a trial of 20 part day sessions in a functional restoration program is medically necessary.