

Case Number:	CM14-0109321		
Date Assigned:	08/01/2014	Date of Injury:	02/07/2008
Decision Date:	09/26/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family Medicine 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 61 year old female whose date of injury is 02/07/2008. On this date a backboard fell and struck the left side of her head. Treatment to date includes revision anterior cervical fusion of C4 to C5 on 08/14/12, anterior cervical discectomy and fusion (ACDF) at C4 to C6 on 05/20/13, cortisone injection on 10/24/13, cervical hardware removal, physical therapy and cognitive behavioral therapy. Diagnoses are cervical spine pain, multilevel cervical disc degeneration status post-surgery, C3 to C4 left paracentral protrusion, dysphagia and major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation and treatment 2 x weekly for 6 weeks, for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program (functional restoration program) Page(s): 30-32.

Decision rationale: Based on the clinical information provided, this request is not recommended as medically necessary. The request for functional restoration program treatment is premature

pending completion of a multidisciplinary evaluation. The injured worker does not appear to be an appropriate candidate for participation in a functional restoration program. The injured worker's date of injury is over six years old. California Medical Treatment Utilization Schedule (MTUS) guidelines generally do not recommend functional restoration programs for injured workers who have been continuously disabled for greater than twenty four months as there is conflicting evidence that these programs provide return to work beyond this period. Therefore the request is not medically necessary.