

<b>Case Number:</b>	CM14-0017971		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 56 year old male with a reported injury date of 09/11/2011; the mechanism of injury was not provided in the supplied documentation. The operative report dated 09/13/2012 noted the injured worker underwent C5-C6 anterior cervical discectomy and fusion with allograft anterior plating using micro-dissection techniques and fluoroscopy for treatment of cervical disk herniation with severe myelopathy. The clinical note dated 06/04/2013 noted that the injured worker underwent an EMG/NCV study to rule out cervical radiculopathy versus carpal tunnel syndrome. Results of the test indicated that there was evidence of bilateral carpal tunnel syndrome. The clinical note dated 01/10/2014 noted subjective findings to include intermittent bilateral hand numbness and left hand weakness. It was also documented that the injured worker was happy with the outcome of the cervical spine surgery and had no real complaints. Objective findings included cervical spine forward flexion 3 inches from chest, extension to 35 degrees, lateral bending to the left and right was 30 degrees, rotation to the right was 40 degrees and rotation was 30 degrees to the left, muscle strength measured 4/5 on the left and 5/5 on the right. The injured worker had normal sensation to touch of the bilateral upper extremities. Diagnoses included cervicgia and cervical disc disease; status post cervical spine surgery. The request for authorization for an evaluation for treatment with a help program was submitted on 04/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EVALUATION FOR TREATMENT WITH HELP PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs), Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), Page(s): 31-32.

**Decision rationale:** The request for evaluation for treatment with help program is non-certified. It was documented that the injured worker was happy with the outcome of his C5-C6 anterior cervical discectomy and fusion and had no real complaints. It was also documented that the injured worker had complaints of intermittent bilateral hand numbness and left hand weakness. However, there was also evidence provided that documented the injured worker had positive EMG/NCV findings of carpal tunnel syndrome. The California MTUS guidelines recommend the use chronic pain programs where the programs are considered medically necessary by meeting all the following criteria: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Based on the documentation provided it is unclear why the injured worker would require a help program. It is noted that the injured worker was happy with the outcome of his cervical spine surgery and did not have documented complaints of chronic pain. Additionally, there is no evidence provided that shows the injured worker has a significant loss of function that would prevent him from conducting his normal activities of daily living. Furthermore, there was a lack of evidence of symptomatology related to the psychological health of the injured worker. Due to the above points the request for evaluation for treatment with help program is not medically necessary.