MAXIMUS Federal Services

Case Number:	CM14-0017990		
Date Assigned:	04/16/2014	Date of Injury:	04/12/2003
Decision Date:	06/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	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 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 56-year-old female who reported an injury on 04/12/2013, secondary to a fall. Current diagnoses include large right C5-6 uncinate spur causing severe right foraminal stenosis, right wrist distal radius fracture, chronic right upper limb and right hand and wrist pain, right wrist degenerative arthritis, chronic cervical, thoracic, and lumbar back pain, and cervical degenerative disc disease at C6-7. The injured worker was evaluated on 09/27/2013. It is noted that the injured worker has been referred to a HELP program for detoxification and functional restoration. Current medications include Vicodin, Soma, Celebrex, Cymbalta, Prilosec, trazodone, risperidone, clonazepam, and hydroxyzine. A surgical history includes an Open Reduction Internal Fixation (ORIF) of the right distal radius with instrumentation removal on an unknown date. Previous conservative treatment was not mentioned. Physical examination revealed restricted cervical and lumbar range of motion, restricted right wrist range of motion, cervical and lumbar muscle spasm, positive provocative maneuver in the right wrist, 5/5 motor strength in all limbs bilaterally with the exception of the right biceps and right deltoid, and normal muscle stretch reflexes. Treatment recommendations at that time included an appeal request for the HELP program for detoxification and functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT, ONE TIME INTERDISCIPLINARY RE-ASSESSMENT, CERVICAL SPINE QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32,49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 30-33,49.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Patients should exhibit motivation to change and willingness to forego secondary gains. Total treatment duration should not generally exceed 20 full day sessions. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment prior to the request for a functional restoration program. It is also noted that the injured worker has completed 6 weeks of a functional restoration program and was also authorized 2 months of remote care with reported regular phone calls to assess progress. The medical necessity for a full multidisciplinary re-assessment has not been established. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.