

Case Number:	CM14-0018396		
Date Assigned:	04/18/2014	Date of Injury:	08/15/2012
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 49 year old female whose date of injury is 08/15/2012. Diagnoses are listed as lumbosacral sprain/strain, cervical spine sprain/strain, and myofascial pain syndrome. Agreed medical evaluation dated 11/04/13 indicates that the injured worker complains of pain and discomfort involving her right upper extremity. Diagnoses are listed as repetitive strain injury, right elbow lateral epicondylitis, right wrist tendonitis, residual right median neuropathy of right carpal tunnel syndrome, history of right carpal tunnel release surgery in 2007, and right ulnar neuropathy. Electrodiagnostic studies (EMG/NCV) dated 11/04/13 revealed evidence for median neuropathy at right wrist and ulnar neuropathy at right elbow. Note dated 12/06/13 indicates functional restoration program has been very helpful in teaching her various techniques to deal with her chronic pain condition. Request for authorization dated 01/02/14 indicates the injured is still symptomatic with pain and discomfort involving the neck and lower back. The use of pain medication is out by 50% of Tylenol No. 3 from two tablets a day down to one tablet a day. Physical examination on 01/16/14 notes decreased cervical range of motion and decreased lumbosacral range of motion. Deep tendon reflexes are 2/2. Motor strength is 5/5. Sensation is within adequate range. Straight leg raising is positive on the right. Note dated 04/08/14 indicates that physical examination is unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM, 5 TIMES A WEEK FOR 2 WEEKS, FOR THE NECK AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , FUNCTIONAL RESTORATION PROGRAMS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), 30-32

Decision rationale: Based on the clinical information provided, the request for functional restoration program five times a week, for two weeks for the neck and lumbar spine is not recommended as medically necessary. The injured worker has completed an unknown number of sessions of the program to date. There are no program progress notes submitted for review. There are no objective functional measures of improvement provided to support additional sessions. California Medical Treatment Utilization Schedule (CAMTUS) guidelines note that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient's response to the psychological component of the program is likewise not documented.