

Case Number:	CM14-0177439		
Date Assigned:	10/30/2014	Date of Injury:	07/27/2011
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 28 year old male with an injury date of 7/27/11. Work status as of 10/06/15: Off work. Based on the 9/30/14 progress report by [REDACTED] this patient has "ongoing complaints of neck pain radiating into the upper right extremity." Patient was able to walk on his heels and toes with difficulty, and complained of "increased right shoulder and elbow pain during heel walking (these are equivalent of Lhermitte signs indicating spinal cord compression)." Exam shows "cervical spine tenderness to palpation, weakness in the right upper extremity, 4/5 strength with limited motion of pain and positive axial compression test, and abnormal axial distraction test, which did give him some relief of pain and a positive Tinel's at the right elbow, with decreased sensation right upper extremity C5 to T1 dermatome." Referenced was the 2/17/14 MRI of spine: showed global progression and pathology at C5-6, where there was a right lateral disc protrusion along with posterior osteophytes, now measuring 3 mm." There was also a "mild right-sided spinal canal stenosis with severe right and moderate left neural foraminal stenosis." There were "multilevel hypertrophic changes within the remainder of the cervical spine, with 2 moderate neural foraminal stenosis." Diagnoses:- Right elbow sprain.- Right ulnar neuritis.- Right carpal tunnel syndrome.- Double crush syndrome.- Cervical radiculopathy.-Neurovascular thoracic outlet syndrome with double (triple) crush injury. The utilization review being challenged is dated 10/22/14. Request was denied the review as "patient is a surgical candidate and received previous authorization" and the request for 3 months exceeds the MTUS guidelines for a trial of 10 visits."The request is for functional restoration program x 3 months. The requesting provider is [REDACTED] and he has provided various reports from 4/29/14 to 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6, 30-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32, 49.

Decision rationale: This patient presents "ongoing complaints of neck pain radiating into the upper right extremity." The request is for Functional Restoration Program X 3 Months. MTUS page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The negative factors include the following: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. This 28 year old patient with spinal cord compression has "exhausted extensive conservative treatment including physical therapy, acupuncture, massage therapy, multiple medications including analgesics and opiates, multiple injections," including cognitive behavior therapy with biofeedback-based relaxation. This patient exhibits motivation to change by his cessation of smoking, and commitments and attempts to maintain sobriety by attending local AA meetings and enrolling in an outpatient substance abuse program, with a few lapses. Per 8/12/14, "The patient has been highly motivated to get back to work" and "he is losing income and opportunity, and is frustrated the process has taken so long." Per 9/30/14, "This patient is not permanent and stationary and vocational rehabilitation becomes progressively more likely the longer this goes on." Multiple requests for authorization for surgery have been submitted. Previously, "two reviewers recommended disc arthroplasty, another recommended against disc arthroplasty, and yet another reviewer said that he needed surgery, but it should be fusion." Consequently, the surgery was not authorized. The second reviewer who recommended arthroplasty requested psychological clearance from the treater for the patient, but the patient was hospitalized for severe depression. 09/19/14 note the patient "has not been hospitalized since his recent hospitalization for severe depression" and "he is focused on getting his neck fixed and appreciates the efforts on moving forward." While this patient is prepared to undergo surgery and "is motivated to proceed," there seems to be a challenge in obtaining consensus in terms of a consistent surgical evaluation. This patient "continues to be profoundly depressed, he feels he is not going to get better." As a result, [REDACTED] submitted an expedited appeal submitted on 9/30/14, noting "The entire care team, psychologist included, are in agreement that he needs to get his neck fixed..." Given that conservative treatment options have been exhausted for this patient, whom the treater feels is a surgical candidate (despite the ongoing debate about the exact surgery to be authorized), an initial

evaluation or a trial period of 10 visits at a functional restoration program seems reasonable, to establish physical abilities, and eventually, facilitate a transition for return to work. However, a request for 3-months exceeds the criteria as required by ODG guidelines, which state, "Total treatment duration should generally not exceed 4 weeks and if treatment in excess of 4 weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Furthermore, longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility." The request for Functional Restoration Program is not medically necessary.