

Case Number:	CM14-0025294		
Date Assigned:	06/11/2014	Date of Injury:	11/21/2011
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 37-year-old with a reported date of injury on November 21, 2011. The injury reportedly occurred when she was pulling a heavy trolley and she fell back. Her diagnoses were noted to include cervical displacement and lumbar disc displacement without myelopathy. Her previous treatments were noted to include a cervical epidural steroid injection, cognitive behavioral therapy, medications, acupuncture, and physical therapy that was not completed. The progress note from the [REDACTED] Functional Restoration Program dated March 28, 2014 reported the injured worker has completed six weeks of a functional restoration program and made significant improvement in all aspects of physiological and behavioral functional capabilities. The progress note reported after six weeks of participating in program, they saw a 70% reduction in her symptoms of anxiety and depression as measured by the Hamilton scales. The progress note reported she had made significant improvements with strength and conditioning and was utilizing medications and the injured worker was already implementing a return to work plan. The progress note dated June 4, 2014 reported the injured worker had received a cervical epidural steroid injection on May 27, 2014 and received a 50% reduction in neck pain and was starting to get reduction in arm symptoms on the left side. The injured worker complained of low back and left leg pain but stated she did not want to engage in a lumbar epidural steroid injection and was not interested in surgery. The physical examination showed the injured worker did not exhibit acute stress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation. The muscle tone was normal without atrophy in all 4 extremities, the lumbar spine examination showed sensation was intact to light touch and pinprick bilaterally to the lower extremities, straight leg raise was positive on the right side, and spasming and guarding was noted of the lumbar spine. The range of motion to the cervical spine revealed tenderness to palpation on the left-sided cervical paraspinal muscles, the range of

motion of the cervical spine was decreased by 30% with flexion, 30% with extension, and 40% with rotation to the left and 20% to the right, and sensations were decreased to light touch at the left upper extremity in a C6-7 dermatomal distribution. The request for authorization form dated February 3, 2014 is for a [REDACTED] Functional Restoration Program 160 hours for the lumbar spine due to long-term use of medications, and depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] FUNCTIONAL RESTORATION PROGRAM X 160 HOURS FOR LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: The injured worker previously completed six weeks at a [REDACTED] Functional Restoration Program. The California Chronic Pain Medical Treatment Guidelines state functional restoration programs are recommended, although research is still ongoing as to how most appropriately screen for inclusion in these programs. The guidelines state functional restoration programs, a type of treatment included in the category of interdisciplinary pain programs, are designed to use a medically directed, interdisciplinary pain management geared specifically to injured workers with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. The guidelines state long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to those that did not receive an intensive program. The guidelines state the treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker has received a previous six weeks of a functional restoration program and completed it successfully. The most recent progress note reported the injured worker had received a cervical epidural steroid injection with 50% reduction in neck pain and reduction in arm symptoms. The injured worker has received a previous amount of six weeks with the functional restoration program which exceeds the guidelines of recommendation of 2 weeks. There are no exceptional factors noted to warrant additional weeks of a functional restoration program. The request for [REDACTED] functional restoration program for lumbar, 160 hours, is not medically necessary or appropriate.