

Case Number:	CM14-0026448		
Date Assigned:	06/13/2014	Date of Injury:	07/13/2011
Decision Date:	08/12/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 65-year-old male who reported injury on 07/13/2011 due to a slip and fall down some stairs. The injured worker complained of neck pain primarily on the left side that radiated into the left occiput and left upper back. He stated that his pain seemed to worsen with rotation of the head to the left as well as extension. There was no measurable pain level documented on the most recent progress note dated 02/13/2014. Physical examination revealed tenderness to palpation over the left posterior cervical paraspinal muscles and over the left trapezius. It was also noted that the injured worker had some mild limitation in left cervical tilt as well as extension. There was mild tenderness to palpation over the lumbar paraspinal muscles with improvement in lumbar flexion with less guarding. He was also able to ambulate without assistance. Range of motion revealed 40 degrees of cervical flexion and 50 degrees of cervical extension. He demonstrated 33 degrees of cervical extension, 90 degrees of lumbar flexion and 10 degrees of lumbar extension. The injured worker also had range of motion of 130 degrees of the shoulder flexion muscles bilaterally. He demonstrated -15 degrees of hip extension on the right and -5 degrees of hip extension on the left. Motor strength revealed 4/5 in shoulder flexion muscles bilaterally, 4/5 strength in the shoulder abduction muscles on the right and a 4-/5 strength in shoulder abduction muscles on the left. He underwent an MRI on 09/06/2011 and an EMG/NCV on 01/13/2012. The injured worker has diagnoses of right greater than left lumbar spondylosis with probable right lumbar radiculitis, bilateral shoulder tendinitis with suspected impingement, cervical spondylosis, cervicogenic headaches, and chronic pain syndrome. Previous treatment included medication, work restriction, immobilization, TENS unit, chiropractic therapy, a home exercise program, physical therapy, lumbar epidural steroid injection, and Functional Restoration Program. Medications include naproxen 550 mg 2 times a day, mirtazapine 15 mg at bedtime, tramadol ER 150 mg 2 times a day, Protonix 20 mg daily,

simvastatin daily, and levothyroxine daily. The current treatment plan is for 6 after care sessions between 02/20/2014 and 05/20/2014. The rationale and the Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) AFTERCARE SESSIONS BETWEEN 2/20/2014 AND 5/20/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP, Chronic Pain Program, Functional Restoration Program Page(s): page 30 - 32.

Decision rationale: The request for 6 aftercare sessions between 2/20/2014 and 5/20/2014 is not medically necessary. The injured worker complained of neck pain primarily on the left side that radiated into the left occiput and left upper back. He stated that his pain seemed to worsen with rotation of the head to the left as well as extension. There was no measurable pain level documented on the most recent progress note dated 02/13/2014. Chronic Pain Medical Treatment Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forgo secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker has completed 160 hours of Functional Restoration Program. The submitted report lacked updated goals for Functional Restoration Program extension. On submitted Functional Restoration Program reports, there were no current levels of pain, anxiety, and depression. Furthermore, the documentation submitted lacked efficacy as documented by subjective and objective gains that the injured worker had overcome in the past 160 hours. As such, the request for 6 after care sessions between 02/20/2014 and 05/20/2014 is not medically necessary.