

Case Number:	CM14-0026624		
Date Assigned:	06/13/2014	Date of Injury:	08/28/2003
Decision Date:	07/16/2014	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 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 66-year-old female who reported an injury on 08/28/2003. The mechanism of injury was not provided. The clinical note dated 06/29/2014 noted the injured worker presented with back pain. Prior treatment included pool therapy, daily gym exercise, and medication. Diagnoses were chronic pain syndrome, lumbago, cervicgia, lumbosacral spondylosis with myelopathy, cervical spondylosis without myelopathy, unspecified idiopathic peripheral neuropathy, and opioid type dependence and remission. Upon examination the cervical spine rotation was diminished to 80% of normal, flexion and extension were diminished to 75% of normal, lateral flexion was 20 degrees, there was a loss of lordosis, and there was abnormal muscle tone. Deep and focal palpation of the muscle knots illicit twitch response and pain. There was a positive Tinel's at the left wrist with mild hand atrophy. The lumbar range of motion values were 15 degrees of extension, full flexion, 15 degrees of lateral flexion, rotation and extension showed mild limitation and stiffness. There was a mild tenderness at the bilateral lumbosacral iliac junctions, and slight tenderness along the bilateral paralumbar muscles. There were also noted gluteus piriformis and upper hip muscle group tightness with trigger points. The provider recommended a Functional Restoration Program for 4 weeks; the provider's rationale was not included. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM, 4 WEEKS: Upheld

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

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

Decision rationale: The request for a Functional Restoration Program for 4 weeks is not medically necessary. The California MTUS guidelines recommend Functional Restoration Programs where there is an access to programs with proven successful outcomes, for injured workers with conditions that put them at risk for delayed recovery. Injured workers should also be motivated to improve and return to work, and meet the injured worker's selection criteria. These pain rehabilitation programs combine multiple treatments, and at least include psychological care along with physical therapy and occupational therapy. Outpatient pain rehabilitation programs may be considered medically necessary when an adequate and thorough evaluation has been made including baseline functional testing so follow-up with the same tests can note functional improvement, previous methods of treating chronic pain has been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement. The injured worker has a loss of ability to function independently as a result from chronic pain and is not a candidate where surgery or other treatments would be clearly warranted. The injured worker exhibits motivation to change and is willing to forego secondary gains including disability payments to affect this change. The included medical documents lack evidence of previous conservative treatments that have failed. There is no documentation of significant loss of ability to function independently as an adequate and thorough evaluation has not been made. There is a lack of measurable baseline with which to measure the efficacy of the Functional Restoration Program so that follow-up with the same test in order to demonstrate functional improvement. As such, the request is not medically necessary.