

Case Number:	CM14-0030796		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2008
Decision Date:	07/17/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/10/2014

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:

This is a 60-year old female with a history of neck and shoulder injury. Mechanism of injury is not disclosed in the submitted record. This patient failed extensive conservative care, including therapy, medications and interventional procedures including cervical medial branch rhizotomy and cervical ESI. She has also had multiple cervical spine surgeries. The first one was a C4-5 decompression/fusion on 2/16/10, followed by revision surgery on 8/14/12 with removal of the stand-alone cage, and then an anterior discectomy/fusion at C5-6 with hardware removal on 5/20/13. She continues to have significant symptoms and physical issues despite extensive care. She has also been evaluated by a psychologist, who notes major depression and adjustment disorder. This was submitted to Utilization Review, with a decision rendered on 3/10/14. The reviewing physician notes that as of 1/14/14, physical therapy notes indicated that there has been progress, and then a slow down in progress due to a flu infection. Due to the set back only being considered temporary, the FRP consult was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Consultation for the Cervical Spin: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, (functional restoration programs) Page(s): 30-34.

Decision rationale: The guidelines outline 6 very specific criteria's for entrance into an FRP, and these include: (1) an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, this patient has failed extensive treatment to date, including cervical spine surgery x 3. Although recent physical therapy notes indicate that there was a slow down due to a flu infection, the past course of extensive treatment failure is a clear predictor of where this case will end at the close of this present course of physical therapy. The certification of a consultation will give a clear picture of whether this patient is a candidate for a program or not. Therefore, the request is medically necessary.