

Case Number:	CM14-0038854		
Date Assigned:	06/27/2014	Date of Injury:	06/04/2010
Decision Date:	08/08/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 & 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:

The patient is a 42 year old female with an injury date on 06/04/2010. Based on the 02/10/2014 progress report provided by [REDACTED], the diagnoses are: Cervical sprain; Cervical disc protrusion; Right wrist sprain - r/o carpal tunnel; Lumbar strain; Depression; Anxiety/stress; Sexual insufficiency; Weight gain secondary to inactivity as well as the work related injury; Moderate-to-severe L4-L5 degenerative disc disease with endplate edema. According to this report, the patient complains of low back pain, neck pain and right wrist pain that are at a 6-7/10 without patches and a 5/10 with patches. Exam of the spine reveals tenderness noted at the right trapezius with trigger areas and moderate tenderness on the right paracervical musculature. Heel and toe ambulation is painful and positive straight leg raise. Lumbar range of motion noted pain in forward flexion after 70%. Exam of the right wrist indicates tenderness at dorsal aspect. Tinel test is positive on the right. There were no other significant findings noted on this report. [REDACTED] is requesting a functional restoration program 160 hours. The utilization review denied the request on 03/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/05/2013 to 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 160 hours: 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 pages 30-32 Page(s): 30-32.

Decision rationale: According to the 02/10/2014 report by [REDACTED], this patient presents with low back pain, neck pain and right wrist pain. The treater is requesting functional restoration program 160 hours. Regarding functional restoration programs, MTUS guidelines page 49 recommends functional restoration programs and indicates 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. Review of the reports does not indicate the patient has met the criteria for all of the MTUS guidelines. Without accomplishing all 6 criteria of MTUS guidelines, the request cannot be recommended. Furthermore, the reports seem to indicate that the patient will return to modified work on 02/18/2014. Functional restoration program would not be indicated if the patient has already returned to work. Recommendation is that the request is not medically necessary.