

Case Number:	CM14-0043039		
Date Assigned:	06/30/2014	Date of Injury:	05/23/2012
Decision Date:	07/30/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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, 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 51 year-old male with a 5/23/2012 date of injury. He has been diagnosed with cervical radiculopathy; lumbar radiculopathy and cervical facet syndrome. According to the 2/28/14 pain management report from [REDACTED], the patient presents with neck pain that radiates from the neck down the right arm, and lower back pain. [REDACTED] states the pain has decreased since the last visit and is a 3/10 with medications. Medications are working well. He takes gabapentin, naproxen, omeprazole, tramadol, Flexeril, Flomax, Lovastatin. [REDACTED] is trying to get a functional restoration program authorized. The functional restoration program was denied by the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for full functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Chronic pain programs (functional restoration programs)

Decision rationale: The patient is a 51 year-old male with a 5/23/2012 date of injury. He has been diagnosed with cervical radiculopathy; lumbar radiculopathy and cervical facet syndrome. According to the 2/28/14 pain management report from [REDACTED], the patient presents with neck

pain that radiates from the neck down the right arm, and lower back pain. [REDACTED] states the pain has decreased since the last visit and is a 3/10 with medications. Medications are working well. He takes Gabapentin, Naproxen, Omeprazole, Tramadol, Flexeril, Flomax, Lovastatin. The records show [REDACTED] has been trying to get a functional restoration program authorized since his 12/13/13 report. The 11/1/13 report did not mention the program. The reports request the FRP, but none of the reports discuss the MTUS criteria for the FRP. MTUS has extensive criteria for the FRP and states all the criteria must be met. The MTUS states that outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met, an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The patient has not met all the criteria for the FRP. The prior methods of treating chronic pain were not unsuccessful. The patient apparently had success with medications, epidural injections, and psychotherapy. There is no discussion on an absence of other options likely to produce clinical improvement. There is no mention of loss of ability to function independently. There is no mention of the patient's motivation to change, and the negative predictors of success have not been discussed. The patient does not meet the MTUS criteria for a functional restoration program. The request is not medically necessary.