

Case Number:	CM14-0047459		
Date Assigned:	07/02/2014	Date of Injury:	04/29/2004
Decision Date:	08/25/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 49 year-old female with a work injury dated 4/29/04. The diagnoses include cervical radiculopathy, cervicobrachial syndrome, sciatica, lumbosacral strain, rotator cuff syndrome, and bursitis. Under consideration is a request for 10 sessions of function restoration, 2 times a week for 5 weeks for cervical spine. There is a primary treating physician (PR-2) document dated 9/9/13 that states that the patient has ongoing pain in the back, neck and right shoulder. The pain is constant and lasts throughout the day. It is exacerbated by bending, carrying, driving, exercise, lifting, light touch, lying down, moving from sitting to standing, pulling, pushing, rolling in bed, sexual activity, sitting, stooping, stress, taking stairs, twisting, and walking. It is relieved by heat, massage and ice. Associated symptoms include numbness, tingling, weakness, headaches and swelling. The patient reports difficulty sleeping due to pain and spasms. The patient feels that her relationships with other people have been affected by her pain due to irritability and stress. She has tried physical therapy with no relief, H-wave therapy (20-40% relief) and a TENS unit (20-40% relief). The patient is able to complete the following activities with some difficulty: bathing, cleaning, cooking, dressing, and driving. On exam, crepitus is noted in the right shoulder, there is tenderness to palpation in the biceps tendon, peritrochanteric on the right. Trigger points palpated in the upper trapezius, mid-trapezius, sternocleidomastoid, gluteus maximus, quadratus lumborum, lumbar region and IT band bilaterally. There is decreased lumbar range of motion. There is weakness in both arms and legs. There are paresthesias to light touch noted in the hyperesthesia in digits 1-3 on the right with pin prick and decreased light touch lateral right leg. Biceps reflexes are 1+ bilaterally. Triceps reflex are absent bilaterally. Brachioradialis reflexes are absent bilaterally. Patellar and Achilles reflex are 2+ bilaterally. There is a Shoulders Hawkins's test (+) on the right. There is a Hip SI joint

compression test (+) Slump test (+). There is a 2/3/14 progress note that states that the patient has persistent weakness and restricted range of motion in her shoulder as well as paresthesias going down into the right leg and into the foot, difficulty with sitting, standing and walking. She meets the Official Disability Guidelines (ODG) and MTUS guidelines for chronic pain. She is trying to avoid an unnecessary and controversial surgical procedure. She is going to follow-up. The Functional Restoration Program Initial Evaluation is 02/04/2014 to check her candidacy according to the MTUS guidelines. There is a 2/12/14 Initial Functional Restoration Program evaluation that states that the patient is able to complete the following activities with some difficulty: bathing, cooking, dressing, grooming, and sexual activity. A 10/14/13 physical therapy note quotes the patient saying, "I did yard work last weekend, so it's sore".

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of a Functional Restoration Program, 2 times a week for 5 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use of Multidisciplinary Pain Management Programs Page(s): 31-32.

Decision rationale: The request for 10 sessions of a Functional Restoration Program, 2 times a week for 5 weeks for the cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation reveals that upon interdisciplinary evaluation for the functional restoration program the patient is able to complete the following activities with some difficulty: bathing, cooking, dressing, grooming, and sexual activity. There is a physical therapy document that states that the patient is sore from doing yard work. The documentation indicates that a psychology evaluation was performed but did not include a baseline functional test with a thorough evaluation for this program. The MTUS states that in order for the patient to participate in a functional restoration program, the patient has to have a significant loss of ability to function independently resulting from the chronic pain. The documentation does not indicate this as she is able to complete most of her activities of daily living. The request for 10 sessions of a Functional Restoration Program, 2 times a week for 5 weeks for the cervical spine is not medically necessary.