

Case Number:	CM14-0051863		
Date Assigned:	07/07/2014	Date of Injury:	10/22/2012
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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 56 year old patient had a date of injury on 10/22/2012. The mechanism of injury was not noted. On a progress note dated 3/21/2014, the subjective findings included the patient complaining of neck and back pain, accompanied by a Spanish-speaking interpreter. On a physical exam dated 3/25/2014, the objective findings included decreased cervical and lumbosacral range of motion, motor strength is 5/5/in both upper and lower extremities, and the deep tendon reflexes are 2/2 for biceps, triceps, brachioradialis, knee and ankle joints. The patient also complained that she is still feeling confused and forgetfulness at a time, and prior physical therapy and chiropractic treatment did not help. Diagnostic impression showed traumatic brain injury, cervical spinal stenosis, lumbar spinal stenosis, cervical disc injury, lumbosacral disc injury, and right lumbosacral radiculopathy. Treatment to date: medication therapy, behavioral modification, physical therapy, chiropractic sessions, acupuncture. A UR decision dated 4/2/2014 denied the request for functional restoration program Eval LS, stating that clinical documentation submitted in support of the request for functional restoration program evaluation is limited in scope and objectional clinical findings. Of primary note is the comment the worker exhibits and complains of confusion and impairment of memory. Prior to any consideration of participation in a functional rehabilitation program, there needs to be greater clarification of these issues as the worker is already having to receive care through an interpreter and if there are clinically neuropsychological issues and impairment of cognitive function, it will be even more difficult to assess and address the cognitive behavioral aspects of such a program and to predict the potential for successful resolution of physical impairment associated with the late effects of the original work injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Eval LS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. In the records reviewed, and in a progress note dated 3/25/2014, the patient is documented to have failed several conservative treatments, including physical therapy, and medications. However, in the reports viewed, the patient is documented to continue feeling confused and experience forgetfulness at a time. These issues have not yet been addressed. Furthermore, there was no discussion regarding the patient's motivation to return to work and whether or not the patient qualifies as a surgical candidate. Therefore, the request for Functional Restoration Program Eval LS is not medically necessary.