MAXIMUS Federal Services

Case Number:	CM14-0065941		
Date Assigned:	09/25/2014	Date of Injury:	08/20/2011
Decision Date:	10/27/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/09/2014

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 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:

Patient is a 66 year-old female with date of injury 08/20/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/24/2013, lists subjective complaints as pain in the left shoulder, neck and back, and inability to taste. Patient was treated with physical therapy, message, and a TENS and reported that they were beneficial. Objective findings: Cervical spine: tenderness to palpation over the posterior cervical paraspinal muscles, slightly worse on the left than right. Greatest tenderness was between C4-C6 levels. No evidence of significant muscle spasms, but mild guarding noted on cervical flexion to 45 degrees and extension to 40 degrees, lateral tilt to both the left and right were tolerated to 60 degrees. Spurling's test was slightly positive on the left. Tenderness to palpation was noted over the bilateral tapezii worse on the right than the left. Tenderness over the medial border of the scapulae bilaterally primarily over the superior aspects. No significant restriction in range of motion of the thoracic spine. Lumbar spine: tenderness to palpation over the lower lumbar paraspinal muscles from the approximate levels of L3-L5. Mild limitation in lumbar flexion to 40 degrees, but otherwise range of motion was well tolerated. Straight leg raise was grossly negative bilaterally. Decreased sensation in the left side of the neck, trunk, left arm and left leg in a non-dermatomal distribution, mild weakness was noted on left arm and left leg both proximally and distally rated 4+/5. Diagnosis: 1. C4-C5 and C5-C6 retrolisthesis 2. Myofascial pain in the neck and upper back 3. Left shoulder rotator cuff tendinosis 4. Chronic lumbar strain/ sprain 5. Suspected right lacunar infarction in left face, arm, and leg weakness and numbness 6. Reactive depression 7. Gait disturbance. The patient was previously approved for 80 hours of a functional restoration program of which she has completed 73.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs)

Decision rationale: The patient had nearly completed the previously authorized functional restoration program, leaving it in mid-January 2014. The medical record does not contain documentation of the functional capacity of the patient when she left the program; thus, there is no documentation of functional improvement. In addition, the reasons for reenrollment for an additional 80 hours are not well documented. An additional 80 hours of functional capacity program is not medically necessary.