

Case Number:	CM14-0088788		
Date Assigned:	07/23/2014	Date of Injury:	04/28/2005
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/12/2014

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, and is licensed to practice in Illinois. 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 injured worker is a 50-year-old female who reported injury on 04/28/2005 due to a motor vehicle accident. The injured worker has diagnoses of myofascial pain syndrome, cervical facet syndrome, muscle spasms, depression, and cervicgia. The injured worker's past treatment includes a home exercise program, Functional Restoration Program, medication therapy, and cognitive behavioral strategies as well. The injured worker complained of pain in the neck area with muscle spasms. The injured worker stated that this was worsening pain and exacerbation to a new trauma of driving more than an hour on a daily basis with stiffening of the neck area. There was no measurable pain level documented in the Progress Note. Physical examination dated 04/23/2014 revealed that the injured worker had trigger points in the upper trapezoids, levator scapulae muscles and rhomboid muscles with a twitch response. The injured worker's cervical range of motion was limited secondary to pain, especially in the right and left lateral rotation by 30%. The progress note lacked any concurrent evidence of range of motion or motor strength. The injured worker's medications consist of Valium 5 mg daily, gabapentin 900 mg before bed, and Effexor 37.5 mg daily. The duration is not documented with submitted report. The current treatment plan is to maintain the injured worker at work. The provider is recommending 25 hours of contact time at the Functional Restoration Program at [REDACTED] so that they may be able to improve the injured worker's cervical range of motion and her tolerance with sitting and driving capacities so that she can continue to work on a full time basis and continue to decrease her volume dose from 5 mg to being off completely. The Request for Authorization Form was submitted on 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 25 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP, Chronic Pain Program, Functional Restoration Program Page(s): 30 - 32..

Decision rationale: The request for Functional Restoration Program for 25 hours is non-certified. The injured worker complained of pain in the neck area with muscle spasms. The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker has completed 100 hours of Functional Restoration Program. On the Functional Restoration Program report dated from 10/21/2013 to 11/15/2013 it indicated successful weaning of the medication volume with 75% improvement in physical conditioning, improvement in quality, duration of sleep, reduction in the pain, and improvement in functionality with lifting and carrying abilities, pushing and pulling abilities was increased and there was an increase of standing and walking tolerance. Progress Note dated 04/23/2014 noted a diagnosis of cervical facet atrophy and necessity of medications for pain relief. The document also noted painful restricted cervical range of motion. Furthermore, the reasons for considering additional Functional Restoration Program were not indicated in the recent report submitted. As such, the request for Functional Restoration Program 25 hours is non-certified.