

Case Number:	CM13-0025956		
Date Assigned:	10/11/2013	Date of Injury:	05/10/2011
Decision Date:	01/13/2015	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 Internal 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:

The injured worker is a 51-year-old female who reported an injury on 05/10/2011. The mechanism of injury was unspecified. Her diagnoses included cervical degenerative disc disease, cervical radiculopathy, left shoulder impingement, and ulnar neuritis. Her past treatments included physical therapy, medications, a brace, and epidural steroid injections. Documentation regarding pertinent diagnostic studies, surgical history, and medications were not provided for review. On 08/21/2013, the injured worker complained of pain in both arms. The physical examination revealed the head and neck had tenderness to palpation with decreased range of motion. It was also indicated she had a positive Spurling's test with pain that radiated into the posterior aspect of the neck to both shoulders at the mid scapular regions. The examination of the shoulders noted decreased range of motion bilaterally with flexion, extension, and abduction. It was also noted she had full range of motion of the lumbar, elbows, forearms, and wrists. The examination of the lower extremities revealed full range of motion of the hips, knees, and ankles. It was also noted she had normal sensation and motor strength. The treatment plan included a request for functional restoration program. A rationale was not provided. A Request for Authorization form was not submitted for review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: According to the California MTUS Guidelines, functional restoration programs may be recommended as a type of treatment in the category of interdisciplinary pain programs, which are geared specifically to injured workers with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. The guidelines also state that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain as opposed to low back pain and generalized pain syndromes. Furthermore, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker is noted to have chronic cervical pain with radiculopathy and degenerative disc disease along with left shoulder impingement. The documentation provided evidence of lack of improvement following injections and physical therapy; however, the documentation failed to provide evidence in regard to physical therapy with no improvement followed by a plateau or an indication that continued physical therapy would have improvement. In addition, there was lack of evidence in regard to a Functional Capacity Evaluation to determine the injured worker's PDL to return to work, along with a detailed treatment plan of how psychological issues would be addressed. The documentation also failed to provide evidence of the injured worker's motivation to return to work and identify any negative predictors of success to indicate the injured worker would not complete the program. In the absence of the required documentation as stated above, the request is not supported by the evidence based guidelines. In addition, the request failed to indicate the length and frequency for the program. As such, the request is not medically necessary.