

<b>Case Number:</b>	CM14-0187696		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 is a 50 year-old female who has reported neck, extremity, and back pain after falling on May 30 2012. The current diagnoses include sprain/strain of the ribs, right sacroiliac joint sprain, myofascial pain syndrome, and chronic pain syndrome. Per the recent primary treating physician report, treatment has included physical therapy, acupuncture, chiropractic, trigger point injections, and medications. Per the PR2 of 9/22/14, there was ongoing and worsening pain in the neck, low back, and right leg. She has left hand numbness. She takes Tylenol. Cymbalta and Mobic could not be obtained from the pharmacy. Aqua therapy did not provide significant pain relief. The injured worker was working part time with restrictions. There was limited range of motion and tenderness in the neck, upper back, and low back. There were no neurological deficits or signs of significant pathology. A QME is reported to recommend a functional restoration program and MRIs of the neck and back. A functional restoration program was prescribed for "delayed recovery and lack of improvement or ability to return to work". A urine drug screen was performed for opioid and controlled substance usage (although no opioids or controlled substances were listed as prescribed medications). An x-ray study of the cervical spine was prescribed due to chronic pain, negative EMG, and arthropathy that could be causing impingement and numbness. It was stated that no prior radiographs had been performed. Work status was modified. The Request for Authorization of 9/22/14 listed a functional restoration program evaluation, medications, and cervical radiographs. On 10/24/14 Utilization Review non-certified a cervical spine x-ray study and a functional restoration program, noting the lack of sufficient indications per the MTUS criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xray of the cervical spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, radiography

**Decision rationale:** According to the recent medical report, this injured worker has had neck pain for more than a year after a fall, and there have been no radiographic studies to date. The left hand numbness is reportedly "referred". The MTUS recommends imaging studies for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. The MTUS provides ambiguous recommendations for imaging studies after trauma when there are no clear-cut signs of serious pathology. The Official Disability Guidelines recommends radiographic studies for "Chronic neck pain, patient older than 40, history of remote trauma, first study". This injured worker has not had prior radiographs of the neck, has hand numbness possibly related to the neck, is over 40, has had an initial trauma, and has persistent neck pain. Radiographic studies as a screening test are an option per the cited guidelines. The Utilization Review is overturned, as the Utilization Review did not adequately address the available guidelines or clinical findings, and did not address the apparent fact that no imaging of any kind had been performed after this injury in 2012.

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178, Chronic Pain Treatment Guidelines Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs; Functional restoration programs Page(s): 31-32; 49.

**Decision rationale:** The request per the Independent Medical Review application was for a functional restoration program. Per the MTUS, entry into a functional restoration program is contingent upon a thorough evaluation to determine candidacy and a treatment plan for the program. Such an evaluation has not been performed and this injured worker is not therefore eligible for a functional restoration program. A more detailed review of the records reveals that the treating physician may have requested a functional restoration program evaluation rather than entry into the program itself. However, that is not what was stated on the Independent Medical Review application. If the application were to have listed the request as a functional restoration program evaluation, this injured worker is not clearly a candidate for a functional restoration program, as several issues are outstanding. First, the treating physician has stated that this injured worker is working (in one part of the report), and not working (in another part of her report). One of the primary reasons to enter a functional restoration program is to accomplish return to work. This issue needs to be clarified prior to any consideration of a functional restoration program.

Second, the MTUS states that: "(3) The patient has a significant loss of ability to function independently resulting from the chronic pain" is a criterion for entry into a functional restoration program. There is no evidence presented that there is any loss of independent function. Third, the MTUS recommends referral to programs "with proven successful outcomes". No evidence has been presented of proven successful outcomes, and all functional restoration programs do not have a history of consistently good outcomes. For these reasons, neither entry into a functional restoration program nor an evaluation with a functional restoration program is medically necessary.