

Case Number:	CM14-0189847		
Date Assigned:	11/21/2014	Date of Injury:	05/25/2010
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/13/2014

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 Emergency 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 has a reported date of injury on 5/25/2010. Mechanism of injury is described as a trip and fall. Patient has a diagnosis of disc herniation, tendinitis, bursitis of L shoulder and cervical radiculopathy. Patient is post L cervical and anterior fusion on 5/15/13. QME psychologist also diagnosed patient with Adjustment disorder, anxiety and personality disorder with dependent depressive and passive aggressive features. Medical reports reviewed and last report available until 10/29/14. Note by initial evaluation by Functional Restoration Program (FRP) on 8/21/14 reveals patient is not exercising or performing home directed therapy and also confounded by depression and anxiety issues. Notes from 10/7/14, 10/10/14 and 10/24/14, FRP reports improvement in mood, compliant with treatment and improvement in neck range of motion. Patient's pain has also reportedly improved and has reportedly stopped taking Ultram. Objective exam reveals mild-minimal improvement in cervical flexion and lumbar range of motion and less than 5 pound improvement in lifting. Report also reports that week of 10/24/14, patient required cardiac stenting which limits physical effort. Cervical spine x-ray on 9/27/12 revealed degenerative disc disease at C5-6 with 2mm listless on flexion and MRI of cervical spine (10/19/12) revealed C5-6 L poster lateral disc osteophyte complex. Severe L entry zone foraminal narrowing and moderate central stenosis with mass effect on L ventral cord with no myelomalacia and minimal C6-7 posterior bulge. Medications listed include Ultram and Gabapentin. Independent Medical Review is for Functional Restoration Program additional hours #64hours. Prior UR on 11/5/14 recommended denial. UR on 10/21/14 modified FRP to 27hours (103 was requested).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program additional hours (qty=hours) quantity 64.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-33.

Decision rationale: As per MTUS Chronic pain guidelines, Functional Restoration Programs should not exceed 20 full days and any additional hours or days needs a clear rationale and achievable goals. The documentation does not support any additional hours for FRP. Patient has subjective improvement in symptoms but objective "improvements" are minimal. With recent cardiac issues, additional FRP or PT is also not recommended unless cardiac clearance is assessed. Due to lack of objective improvement in function and lack of cardiac clearance, additional hours for Functional Restoration Program are not medically necessary.