

Case Number:	CM14-0192470		
Date Assigned:	11/26/2014	Date of Injury:	01/31/2007
Decision Date:	01/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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:

On 1/31/07 this 53-year old female sustained injury to her cervical area while picking up a box and turning, resulting in neck pain, right arm pain with numbness, tingling and weakness. Her medications include Aleve, Lidoderm and Gralise which helps her to sleep but does not help with pain. Cervical MRI (4/18/14) reveals C4-5 moderate left to right foraminal stenosis, thecal sac indentation, C5-6 degenerative disc disease (DDD), mildly flattened thecal sac, severe foraminal stenosis and C6-7 DDD mild central and foraminal stenosis. On physical exam there was decreased cervical range of motion; positive Spurling's test; extension, flexion, rotation and lateral flexion worsened pain. In addition her right shoulder range of motion was decreased with 4/5 motor strength and normal sensation. Diagnoses include chronic pain syndrome, cervicgia, and right to left shoulder pain, depressive symptoms and overweight. Due to cervical discogenic pain the injured worker underwent a C7-T1 interlaminar epidural steroid injection and C7-T1 epidurogram on 4/23/14. The epidurogram revealed no evidence of blockage, epidural adhesions or intravascular uptake or enhancement noted. This intervention did not relieve her pain. On 7/17/14, a request for 20 half day sessions for a functional restoration program and transportation to the program was submitted. Her treatments have included medications, physical therapy interventional procedures (subacromial injection, cervical epidural injections) and surgery. She has participated in the [REDACTED] and has increased her arm and hand strength. Her participation in the program was interrupted because the authorization expired and was awaiting an extension. Documented work status as of 10/24/14 is permanent disability. On 10/30/14 Utilization Review non-certified the request for 20 additional half-day sessions for a functional restoration program based on MTUS Chronic Pain Guideline statement that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy. The injured worker has completed 18 half-day treatments with symptomatic and functional restoration

documented. This request has been modified to 8 sessions. The request for transportation for the functional restoration program was non-certified (per ODG) based on insufficient documentation contradicting the patient's use of public transportation to attend functional restoration program sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP; additional half-day sessions QTY: 20.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31, 32.

Decision rationale: MTUS Guidelines support up to 20 full day equivalents in a chronic pain program if there is reasonable evidence of improved pain management and increased functioning. This individual meets the Guideline standards for completion of the full program i.e. up to 20 full day equivalents. The request for an additional 20 half-day sessions is medically necessary.

Transportation for FRP QTY; 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines WEB Knee & Leg Back (Acute & Chronic) (updated 07/19/12)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation.

Decision rationale: MTUS Guidelines do not address this issue. ODG recommends limited transportation in the community if there is a disability/impairment preventing self-transportation. The requesting physician documents the lack of a car, but does not address why this individual cannot use public transportation. She is quite functional and has no lower extremity limitations. It is reasonable to anticipate available public transportation in this region. Guidelines do not support the request for transportation under these circumstances; the request for transportation is not medically necessary.