

Case Number:	CM14-0200334		
Date Assigned:	12/10/2014	Date of Injury:	10/01/2010
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury while working as a Fire Captain occurring on 10/01/10 with a continuous trauma injury affecting the neck. Treatments included physical therapy and chiropractic care. He has not worked since December 2011. He was evaluated for participation in a functional restoration program on 04/22/14. Medications were Vicodin 5/325 mg and Valium 10 mg. As of 06/11/14 he had completed 10 days of treatment. His sleep had improved substantially. He was having left shoulder pain and numbness in both hands. Pain was rated at 2-6/10. He was using an H-wave unit. He had continued to take Vicodin, tablet 2 times over the previous 4 days. He had not taken Valium for three weeks. Physical examination findings included appearing comfortable and able to transition positions independently. There was straightening of the cervical lordosis with diffuse paraspinal muscle and trapezius muscle tenderness. There was decreased cervical spine range of motion. On 11/03/14 he had completed 20 treatment sessions. He had improved tolerance for sitting, standing, and walking. He was compliant with a home exercise program and was taking Tai Chi classes. He had been able to lose 10 pounds. He was participating in group therapy. He was continuing to take Vicodin and Valium infrequently.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional sessions of the multidisciplinary pain program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional Restoration Programs); Functional restoration programs (FRPs).

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic neck pain. Treatment has included participation in a quality Functional Restoration Program. After 20 treatment sessions, the claimant was performing an independent home exercise program and was using medications sparingly. There were no vocational goals. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, there is no return to work plan. The requested number of sessions and duration of the program is in excess of recommended guidelines and therefore not medically necessary.