

Case Number:	CM14-0207052		
Date Assigned:	12/19/2014	Date of Injury:	11/16/1998
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice 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:

55 year old female claimant sustained a work injury on November 16, 1998 involving the neck. She was diagnosed with C7 radiculopathy and right carpal tunnel syndrome with myofascial pain. She had received 24 chiropractic and physical therapy sessions. She had received multiple injection therapies. A progress note on May 23, 2014 indicated claimant was unable to perform a 50% over daily activities due to pain and lack of sleep. She has been on Norco and Cymbalta. She gained 30 pounds due to inactivity. She has numbness and tingling in the fourth and fifth digits of the right hand. Exam findings were notable for the positive Phalen's test on the right side and Spurling's maneuver. The physician requested a functional restoration program evaluation due to her failure to improve and not being a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 50 hours for 2 weeks: Overturned

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

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

Decision rationale: According to the guidelines criteria for using a functional restoration program includes:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions. Based on the claimants history, guideline criteria and the request above, a functional restoration program is appropriate and medically necessary.