MAXIMUS Federal Services

Case Number:	CM15-0004071		
Date Assigned:	01/15/2015	Date of Injury:	12/30/2014
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 52-year-old female who reported injury on 11/05/2011. The mechanism of injury was a slip and fall. The surgical history included a left foot surgery in 2012, including a bilateral feet neuroma removal. Prior treatments included extensive therapy for injury, including physical therapy, acupuncture, chiropractic care, craniosacral, trigger point injections, TENS unit, various medications including Elavil, nortriptyline, venlafaxine, Topamax, gabapentin, and Flexeril. The documentation of 11/21/2014 revealed the injured worker had a CT scan and MRI. The injured worker was noted to have frequent dizzy spells, which used to occur 5 to 6 times per day; and now the injured worker had dizzy spells of a few times per week, and the use of 50 mg of Lyrica daily seemed to help. The injured worker was noted to have difficulty with cleaning her house, and was noted to get confused and distracted easily. The injured worker had difficulty focusing and significant dizziness and nausea with repeated bending at the lumbar spine, or with rotation or extension of the neck. The injured worker was noted to have depressive symptoms. The documentation indicated range of motion of the cervical spine was limited to approximately 50% or normal in regards to flexion, extension, rotation, and side to side movements. There was some tenderness on the left mastoid around the temporal region, and spasm and guarding noted on the left side of the superior cervical spine. The examination of the right upper extremity revealed normal motor, sensory, and reflex examination. The diagnoses included headache; headache tension, rule out seizure disorder; tremor NEC - intentional, right upper extremity. The request was being made for a thorough evaluation to be performed, including an extensive medical, psychological, and physical therapy

evaluation of the injured worker. There was documentation indicating the injured worker had prior treatments for chronic pain and were unsuccessful, and there was an absence of other options likely to result in a significant clinical improvement. Surgery was noted to be not indicated for the condition. The injured worker had a significant loss of her ability to function independently. The injured worker exhibited motivation to change, and was willing to forgo secondary gains, per the physician documentation. The negative predictors of success had been addressed. The injured worker's injury was noted to be from 2011. The documentation indicated the injured worker had previously been recommended for treatment with a functional restoration program; however, this was noted to be denied in 2013, with a rationale that the injured worker would benefit from cognitive behavioral therapy or treatment with additional SSRI medications. The injured worker had tried individual therapy and did not find it helpful. Additionally, the injured worker was not noted to wish to take any antidepressant medications, and did not receive benefit with venlafaxine. The injured worker was not taking opioids. The treatment plan included an evaluation for the functional restoration program. The clinical documentation submitted for review indicated the injured worker was being recommended for an initial evaluation. The documentation further indicated the injured worker was not a candidate where surgery or other treatment would be warranted. A physician indicated the rationale for the request was that the criteria for entry into a functional restoration program include an adequate and thorough evaluation with baseline and functional testing. As such, this request would be supported. Given the above, the request for an initial evaluation at the [redacted] Functional Restoration Program is medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation a the [redacted] Functional Restoration Program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that a Functional Restoration program is recommended for injured workers with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement. The clinical documentation indicated that the request was made for the initial evaluation, which would be supported, given the exceptional factors noted in the documentation. Therefore, the request for Initial evaluation at the [redacted] Functional Restoration Program is medically necessary.