

Case Number:	CM15-0106438		
Date Assigned:	06/10/2015	Date of Injury:	04/17/2013
Decision Date:	12/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on April 17, 2013. The injured worker was diagnosed as having cervical degenerative disc disease and spondylosis. Treatment and diagnostic studies to date has included laboratory studies, status post right cervical five to six and cervical six to seven facet joint injections, status post epidural injection to the cervical spine, electromyogram, medication regimen, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, and at least 24 sessions of chiropractic therapy. In a progress note dated December 02, 2014 the treating physician reports complaints of "severe" pain to the neck that radiates to the bilateral thighs along with occasional pain to the arms, numbness to the hands, pain to the low back, and occasional numbness to the left foot. Examination performed on December 02, 2014 was revealing for tenderness to the base of the cervical spine, and to the cervical paraspinal muscles from cervical six through thoracic one, tenderness to the central low back from lumbar four through sacral one, and positive bilateral straight leg raises. The injured worker's pain level on December 02, 2014 was rated an 8.5 to 9 out of 10. On December 02, 2014 the treating physician noted prior chiropractic therapy that provided mild temporary relief, but did not indicate the injured worker's pain level prior to the therapy and after the therapy to indicate the effects of the chiropractic therapy and also did not indicate if the injured worker experienced any functional improvement with activities of daily living with prior chiropractic therapy. The treating physician also noted on that date one prior epidural injection to the cervical spine (with the date unknown) that provided approximately 50% relief in pain that lasted for one week. As of the progress note from

December 02, 2014 the injured worker has not undergone physical therapy. The treating physician requested an initial evaluation for a functional restoration program as related to the cervical and lumbar spine injury, but did not indicate the specific reason for the requested therapy. On May 22, 2015 the Utilization Review determined the request for an initial evaluation for a functional restoration program as related to the cervical and lumbar spine injury to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation for Functional Restoration Program as related to the cervical and lumbar spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Submitted reports have not presented any psychological evaluation clearance or issues with unchanged clinical findings for this chronic April 2013 injury. The patient has not shown any motivation for any change in work status and reports have no mention of specific objective functional limitations in ADLs or described any benefit with adequate response from previous therapy treatment rendered with further demonstrated need for this chronic injury with long-term ongoing treatment. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to improve work status or attempt at modified duties or tapering off chronic use of Morphine. The Initial Evaluation for Functional Restoration Program as related to the cervical and lumbar spine injury is not medically necessary and appropriate.