

Case Number:	CM15-0010114		
Date Assigned:	01/27/2015	Date of Injury:	04/29/2002
Decision Date:	04/13/2015	UR Denial Date:	01/11/2015
Priority:	Standard	Application Received:	01/16/2015

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 54 year old female, who sustained an industrial injury on 04/29/2002. The diagnoses have included bilateral shoulder pain, bilateral neck pain, bilateral thoracic back pain, and bilateral low back pain. Treatments to date have included epidural steroid injection to the back and neck, trigger point injections, radiofrequency ablation, Transcutaneous Electrical Nerve Stimulation Unit, aquatic therapy, psychotherapy, ice, heat, stretching, and medications. No diagnostic testing noted in received medical records. In a progress note dated 12/16/2014, the injured worker presented with complaints of neck, shoulder, and thoracic and low back pain. The treating physician reported that the injured worker's pain has increased and her daily function has decreased. Utilization Review determination on 01/11/2015 modified the request for Spanish Language Functional Restoration Program 160 hours to Spanish Language Functional Restoration Program 10 sessions or 80 hours citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spanish language functional restoration program - 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain programs Page(s): 31-32.

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

Decision rationale: This patient presents with shoulder, arm, low back, leg, and thoracic spine pain. The treater is requesting Spanish language functional restoration program 160 hours. The RFA was not made available for review. The patient's date of injury is from 04/29/2002, and her current work status is modified duty and permanent and stationary. The MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain had been unsuccessful. 3. Significant loss of the ability to function independently resulting from chronic pain. 4. Not a candidate for surgery or other treatments would clearly be warranted. 5. The patient exhibits motivation change. 6. Negative predictor of success above has been addressed. These negative predictors include evaluation for poor relationship with employer, work satisfaction, negative outlook in the future, etc. The patient has not attended any prior FRP. The records show an FRP assessment from 09/25/2014. It was noted that the patient has utilized medication, physical therapy, medial branch block, trigger point injections, TENS unit, chiropractic treatment, heat/ice, and radiofrequency ablation which were all helpful. The MRI of the lumbar spine from 07/10/2007 shows T12-L1 with 4-mm disk protrusion posterolaterally to the left side. There is a slight narrowing of the left neuroforamen. L5-S1 with a 2-mm disk bulge posteriorly with an annular disk tear. No central canal stenosis seen. The thoracic MRI from 08/23/2002 shows significant hemangioma, but there were no signs of spinal stenosis or disk disease. The cervical MRI from 10/30/2002 showed mild C5-C6 disk degeneration and bulging and minimal C6-C7 degenerative changes. Nerve conduction velocity and electromyography from 09/03/2014 show no signs of lumbar radiculopathy or peripheral neuropathy. The patient underwent radiofrequency neurotomies of L3-L5 bilaterally on 09/12/2007, 11/28/2007, and 07/21/2010. The patient also underwent cervical medial branch block at C5 and C6 bilaterally from 08/19/2010. The psychological consultation from 09/29/2014 notes that the patient's emotional disturbance is not likely to seriously interfere with her participation in a functional restoration. Rather, a structure program that teaches self-reliance skills and deemphasizes medication is likely to improve her psychological symptoms. In this case, the patient has met the required criteria by the MTUS Guidelines for admittance to a functional restoration program but the guidelines state, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The current request IS NOT medically necessary as the request is for 4 weeks.