

Case Number:	CM15-0139330		
Date Assigned:	07/29/2015	Date of Injury:	09/28/2008
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: Pennsylvania, Ohio, 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 57 year old female patient who sustained an industrial injury on 09/28/2008. The accident was described as while working as a custodian she was throwing a large trash bag into a dumpster and felt a "pulling sensation" in her neck and subsequently had symptoms of cervicothoracic and upper extremity pains. Treatment consisted of modified work duty, physical therapy, acupuncture session, and epidural injections. She was able to return to work. A recent pain management follow up visit dated 06/29/2015 reported electric nerve conduction testing done on 01/21/2013 that showed evidence of moderate median mononeuropathy at the right wrist. A magnetic resonance imaging study of the lumbar spine done on 07/26/2012 showed L3-4 left foraminal disc protrusion with mild left foraminal stenosis; L5-s1 broad-based left paracentral disc protrusion with minimal posterior displacement of the left S1 nerve root; and partial inclusion of the inferior aspect of the liver with numerous cysts. An abdominal ultra sound is recommended. The following diagnoses were applied: cervical spinal stenosis; pain in joint shoulder, neck pain, C5-6 anterior discectomy, bilateral foraminotomy and anterior cervical fusion on 09/21/2009, and status post fusion, cervical on 09/21/2009. There is recommendation that the patient be evaluated for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral initial evaluation for functional restoration program quantity: 1:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 29-34.

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

Decision rationale: MTUS lists very detailed criteria for evaluation for a functional restoration program. A prior physician review noted that a surgical consultation was pending and therefore an FRP could not be considered until all potential treatment options were exhausted. However, the treating physician clarified in an appeal letter of 7/29/15 that the surgery consultation was completed and no further surgery or other treatment was planned. That detailed appeal letter also outlines specifically each of the 6 primary criteria for an FRP or FRP evaluation and explains how this patient meets those criteria. The guidelines have been met. This request is medically necessary.