

Case Number:	CM15-0167657		
Date Assigned:	09/14/2015	Date of Injury:	06/03/2011
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/26/2015

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 65 year old female who sustained an industrial injury on 06-03-2011. The injured worker was diagnosed with cervicgia and cervical radiculopathy and status post an anterior C5-6 discectomy and fusion on February 28, 2015. Treatments documented since surgery have included diagnostic testing, post-operative physical therapy and additional 12 sessions authorized (approximately 14 sessions completed by August 3, 2015) and medications. According to the treating physician's progress report on August 11, 2015, the injured worker was evaluated for moderate neck pain (no quantitative measurement) with right upper extremity much better than prior to surgery. The injured worker reported pain from her neck down her back when trying to straighten her neck. Examination on August 11, 2015, demonstrated good strength and sensation in the bilateral upper extremities. X-rays performed on August 11, 2015 of the cervical spine noted excellent position without shifting or movement of the components. Current medications were noted as Norco and Flexeril. Treatment plan consisted of continuing with physical therapy and medications and remain off work. On August 11, 2015, the physician requested authorization for a functional restoration program (FRP), 6 visits for the neck. The Utilization Review and peer review mutually agreed via telephone for a modified request to a functional restoration program evaluation times 1 for the neck on August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program (FRP) 6 visits for neck: 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 injury. The patient has not shown any motivation for any change in work status and reports have no mention of 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 without tapering of opiate use. The Functional Restoration program (FRP) 6 visits for neck is not medically necessary and appropriate.