

Case Number:	CM15-0180980		
Date Assigned:	09/30/2015	Date of Injury:	02/22/2000
Decision Date:	11/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

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 64 year old female, who sustained an industrial injury on 2-22-2000. She reported a twisting injury to the neck with radiation to the mid back and bilateral extremity pain, numbness, and tingling. Diagnoses include cervicgia with cervical spondylosis, thoracic spine pain, and myofascial headaches. Treatments to date include activity modification, medication therapy, physical therapy, pool therapy, chiropractic therapy, and cervical epidural steroid injections. On 8-4-15, an initial evaluation and multidisciplinary conference documented subjective complaints including ongoing pain in the neck to thoracic spine with pain, numbness, and tingling to the upper extremities. She reported dizziness and poor balanced and used a walker for ambulation. The psychological examination documented significant depression exacerbating pain, dysfunction, and anxiety that inhibits physical rehabilitation. The physical examination documented a slow and unsteady gait with a wheeled walker. The plan of care included increasing functional ability, provide opportunities and techniques to cope, improve sleep that combined strength and condition goals, psychological treatment plan, and a medical treatment plan. The provider documented, "it appears that the patient will likely benefit most from an interdisciplinary approach in a functional restoration program, with primary goals including improving activity tolerance, stabilizing gait, as well as medication optimization, detoxification, and improving independent function." The appeal requested authorization for a Functional Restoration Program (FRP), 160 hours. The Utilization Review dated 8-18-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 160 hours: 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: The claimant has a remote history of a work injury in February 2000 and is being treated for neck and upper back pain with numbness and tingling after a lifting injury while working as a nurse's aide. Treatments have included medications, physical therapy including aquatic therapy, chiropractic care, massage, psychotherapy, acupuncture, and epidural steroid injections. When seen, she was using a walker. Extended release morphine and Norco were being treated. She had been seen for a functional restoration program evaluation and determined to be an appropriate candidate for participation. She had depression and anxiety with disrupted sleep. She was motivated to participate. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the requested number of initial treatment sessions is in excess of recommended guidelines Total treatment duration should generally not exceed 20 full-day sessions and a full course of treatment is being requested which is not medically necessary.