

Case Number:	CM15-0182158		
Date Assigned:	09/23/2015	Date of Injury:	12/31/2014
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old woman sustained an industrial injury on 12-31-2014. Diagnosis include Neck pain, right upper extremity radicular symptom, right hand parasthesia. Evaluations include electrodiagnostic testing dated 4-15-2015 and cervical spine MRI dated 4-25-2015. Treatment has included oral medications, physical therapy, cognitive behavior therapy, and biofeedback. Physician notes dated 8-25-2015 show complaints of right upper extremity pain with aching and numbness of the right hand and depression with a recent 10-day hospitalization for suicidal ideation. The worker rates her pain 8-9 out of 10 without medications and 4-5 out of 10 without medications. The physical examination shows normal bilateral upper extremity strength, upper extremity deep tendon reflexes normal and symmetric, Spurling's sign elicits right trapezial pain, reduced sensation to the right middle finger, no clonus, tenderness of the right paraspinals and trapezius, reduced cervical spine range of motion on all planes, bilateral upper extremities with positive Tinel's sign bilaterally, and normal heel toe walking. Recommendations include surgical intervention, Norco, Ativan, Restoril, functional restoration program, Cyclobenzaprine, Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 12-31-2014. The medical records provided indicate the diagnosis of neck pain, right upper extremity radicular symptom, right hand parasthesia. Treatments have included oral medications, physical therapy, cognitive behavior therapy, and biofeedback. The medical records provided for review do not indicate a medical necessity for Functional restoration program. The MTUS recommends that outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The medical records indicate the injured worker has been recommended for surgery, besides, the MTUS recommends functional restoration program must be preceded by evaluation for baseline function, and that negative predictors of success have been addressed. Therefore, the requested treatment is not medically necessary.