

Case Number:	CM15-0189027		
Date Assigned:	10/01/2015	Date of Injury:	06/03/2011
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 65 year old female who sustained an industrial injury on 6-3-2011. A review of medical records indicates the injured worker is being treated for neck pain, cervical spine stenosis-severe right sided foraminal stenosis, and headache. Medical records dated 8-27-2015 noted neck and right upper extremity pain. Physical examination noted Normal muscle tone without atrophy to all extremities. Treatment has included Physical therapy, Norco, and flexeril. Medications allow her to complete activities of daily living. She has been approved for an initial evaluation for functional restoration program. MRI of the cervical spine dated 9-17-2013 revealed new 2mm central disc protrusion at C5-6 causing mild canal stenosis. Utilization review form dated 9-15-2015 modified Functional restoration program x 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, functional restoration program.

Decision rationale: The medical records provided for review support the insured has a chronic pain condition for greater than 6 months on chronic opioids that has not improved despite medication therapy and physical therapy program. The medical records support that there is associated psychological condition with the pain and MTUS guidelines support that chronic pain rehabilitation programs (functional restoration program) are recommended where is access to a program with proven successful outcomes up to 80 hours for initial treatment. However, the request exceeds the recommended ODG guideline by 80 hours. As such the request for 160 hours functional restoration is not supported under ODG guidelines, and is not medically necessary.