

Case Number:	CM15-0200452		
Date Assigned:	10/15/2015	Date of Injury:	08/24/2012
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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 63 year old male, who sustained an industrial injury on 8-24-2012. The injured worker was diagnosed as having headaches, cervical facet arthropathy, and left cervical radiculitis. Treatment to date has included diagnostics and medications. On 8-20-2015, the injured worker complains of neck pain and headaches, rated 10 out of 10, described as dull, sharp, burning, throbbing, pins and needles, tingling, and numbness. It was documented that he also suffered from depression, anxiety, and insomnia. Neuro-psych symptoms were not detailed. He was currently taking Ibuprofen. He was currently off work per Oncology, noting that he was receiving treatment for cancer. Exam noted an elevated blood pressure, noting medication to be adjusted by primary care physician. Exam of the cervical spine noted tenderness and muscle spasm bilaterally over the trapezius musculature and decreased sensation in the ulnar aspect of both forearms (left greater than right). He reported seeing a neurologist, having electrodiagnostic studies performed, and being authorized for Botox injections. The treating physician noted that a neurosurgical consult was requested, along with neuropsych evaluation, both pending. The treatment plan included a Functional Restoration Program, non-certified by Utilization Review on 10-06-2015.

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

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

Decision rationale: The patient presents with neck pain and headaches. The request is for Functional Restoration Program. The request for authorization is not provided. Patient's diagnoses include headaches; cervical facet arthropathy; left cervical radiculitis. Physical examination of the cervical spine reveals tenderness and muscle spasm noted bilaterally over the trapezius musculature. Normal range of motion. Cervical spine motions are accomplished without the patient expressing any complaints of pain during the maneuvers. There is no evidence of radiating pain to the upper extremities on cervical motion. Spurling's test is negative bilaterally. Decreased sensation in the ulnar aspect of both forearms, more so on the left than in the right. Deep tendon reflexes could not be obtained bilaterally. Phalen test, Tinel sign, and Findelstein test are all negative. He is receiving treatment for his cancer. Patient's medication includes Ibuprofen. Per progress report dated 08/20/15, the patient is off work. MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs section, recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). Treater does not discuss the request. The patient is diagnosed with headaches, cervical facet arthropathy, left cervical radiculitis, and continues with neck pain. Treatment to date has included diagnostics and medications. In this case, the functional restoration program may help increase his functional capacity and help him more readily accomplish his ADLs. Review of provided medical records show no prior sessions of Functional Restoration Program. However, there is no discussion or documentation of any evaluation regarding the patient's candidacy for FRP. Additionally, the negative predictors are not addressed as required by MTUS. And finally, the patient's secondary gain issues, motivation to change and improve, and any potential for surgical needs are not addressed. Therefore, the request IS NOT medically necessary.