

Case Number:	CM15-0205973		
Date Assigned:	10/22/2015	Date of Injury:	04/10/2013
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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:

The injured worker is a 53 year old male, who sustained an industrial injury on April 10, 2013. He suffered an injury to his neck, shoulder and head with loss of consciousness. The injured worker was diagnosed as having chronic neck pain, transient ischemic attack, cervical myofascial strain, history of shoulder surgery-left shoulder rotator cuff repair October 2014, depression, anxiety and narcotic dependence. Treatment to date has included surgery, physical therapy, acupuncture, injections and medication. On September 15, 2015, the injured worker underwent a Functional Restoration Program evaluation. The injured worker reported continuous severe pain in his right greater than left neck and bilateral shoulders. He also reported extreme tinnitus in his right ear as well as marked nausea predominantly with right cervical rotation. He reported ongoing right eye disturbed vision, chronic severe headaches and right upper extremity symptoms. He reported chronic constant numbness in the side of his right face, cervical spine and right upper extremity with severe spasm throughout his neck and shoulder girdle with hypertonicity and pain in his thoracic and lumbar spine. He also complained of marked weakness in his right lower extremity. Notes stated that his psychological symptoms were worsening, which may be interfering with his recovery time. He was noted to have poor coping strategies. He was somatically preoccupied, depressed and anxious as a result of his pain condition and significant losses in functioning. Notes indicated that the functional restoration program would help him learn coping strategies so he can cope and manage more effectively with his chronic pain, increase his ability to manage his symptoms of anxiety and depression and improve his sleep hygiene. Some other treatment goals would likely include increased

endurance for ambulation, proper gait mechanics, application-integration of effective pain management tools, proper body mechanics during functional activities of daily living and increased strength and endurance. A request was made for Functional Restoration Program for 160 hours over six weeks. On October 5, 2015, utilization review modified a request for Functional Restoration Program total of 160 hours over six weeks to Functional Restoration Program total of 80 hours over two to three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for a total of 160 hours over six (6) weeks: Upheld

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

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 April 10, 2013. The medical records provided indicate the diagnosis of chronic neck pain, cervical myofascial strain, left shoulder rotator cuff repair, history of left shoulder surgery. Depression, narcotic dependence. Treatments have included surgery, Acupuncture, medications, activity restrictions. The medical records provided for review do not indicate a medical necessity for Functional restoration program for a total of 160 hours over six (6) weeks. The MTUS does not recommend for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore, the requested treatment is not medically necessary.