

Case Number:	CM15-0206293		
Date Assigned:	10/23/2015	Date of Injury:	07/16/2014
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
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: California

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 is a 42 year old male who sustained an industrial injury on 7-16-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis with myelopathy, degeneration of lumbar or lumbosacral intervertebral disc and lumbago. According to the progress report dated 8-28-2015, the injured worker complained of neck and low back pain. The injured worker reported numbness in the bilateral upper extremities. He complained of arthralgias in the shoulders and elbows. The physical therapy evaluation noted that the injured worker was able to ambulate 15-30 minutes with no assistive device. He reported spending 90% of his day lying down and only left the house once every couple of weeks. It was noted that the injured worker had returned to work 10-14 in a new job until May 2015 and was currently out of work. Objective findings (8-28-2015) revealed tenderness of the paracervicals. It was noted that range of motion was restricted in the injured area with pain reported. Treatment has included physical therapy and medications (Lidoderm patches). The original Utilization Review (UR) (9-23-2015) denied a request for a Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (2 weeks, 10 days, 60 hours): Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. 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. In this case, It is not clear that all conservative treatment options have been attempted. The physician states that the injured worker suffers from anxiety, depression, and PTSD but there is no documentation of attempts to treat this conditions. Additionally, the physician stated that the injured worker is a candidate for surgery regarding his cervical radiculopathy. The request for functional restoration program (2 weeks, 10 days, 60 hours) is determined to not be medically necessary.