

Case Number:	CM15-0208244		
Date Assigned:	10/27/2015	Date of Injury:	08/13/2014
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii

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:

This is a 58 year old female with a date of injury on 8-13-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain. Progress report dated 9-10-15 reports continued complaints of head and neck pain. She reports chiropractic treatment was extremely helpful with relief lasting several days after. She states she cannot do most activities such as housework, cooking and she is afraid of driving. Physical exam: neck range of motion is 50 percent of normal forward flexion, 10 percent of normal extension, 50 percent of normal right rotation, 30 percent of normal left rotation, tender to palpation over the right greater than left trapezius muscles. Medications include: nortriptyline, topical menthoderin and cymbalta. Treatments include: medication, physical therapy and chiropractic. Request for authorization was made for Evaluation for a Functional Restoration Program. Utilization review dated 9-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for a Functional Restoration Program: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127, Consultation.

Decision rationale: The patient presents with head and neck pain. The current request is for evaluation for a Functional Restoration Program. The treating physician states, in a report dated 09/10/15, "The patient is an excellent candidate for functional restoration program. Please authorize a functional restoration program evaluation. (SPARC med.)" (28B) The MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain had been unsuccessful. 3. Significant loss of the ability to function independently resulting from chronic pain. 4. Not a candidate for surgery or other treatments would clearly be warranted. 5. The patient exhibits motivation change. 6. Negative predictor of success above has been addressed. These negative predictors include evaluation for poor relationship with employer, work satisfaction, negative outlook in the future, etc. In this case, the treating physician, based on the records available for review, has documented that the patient may be a candidate for a Functional Restoration Program. The ACOEM guidelines recommend referral to a specialist for evaluation when additional expertise is needed. The current request is medically necessary.