

Case Number:	CM15-0023460		
Date Assigned:	02/13/2015	Date of Injury:	12/27/2010
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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: Emergency 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 female sustained an industrial injury on 12/27/10, with subsequent ongoing neck, lumbar spine, bilateral shoulder, bilateral hand and bilateral wrist pain. In a functional restoration program weekly report dated 1/30/15, the physician noted that the injured worker had completed 40 hours of the program. The injured worker complained of pain to the neck, lumbar spine, bilateral shoulder, bilateral hand and bilateral wrist pain, 5-6/10 on the visual analog scale, noted to be an improvement from prior ratings. The physician noted that the injured worker reported increased pain over the past weekend requiring additional medications due to walking for a long period of time. Physical exam was remarkable for cervical spine with tenderness to palpation, limited range of motion and positive Spurling's maneuver on the right, left wrist with positive Tinel's sign, right wrist with positive Phalen's sign, lumbar spine with mild loss of lumbar lordosis with tenderness to palpation, positive facet loading maneuver, positive straight leg raise on the left, positive Patrick's test and positive Gaenslen's maneuver. A progress note from physical therapy noted that the injured worker had increased strengthening exercises by one pound in the past week but had gained little independence in the gym and continued to require moderate to maximal verbal cueing to maintain focus. The injured worker had reported being able to clean her room without increase in pain to the lumbar spine. There is note on 2/20/15 showing that patient has mild decrease in pain but has successfully stopped opioids and noted improvement in function and exercise tolerance. On 2/3/15, Utilization Review noncertified a request for functional restoration program - 10 additional days, citing CA MTUS Chronic Pain

Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program - 10 Additional Days: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-31.

Decision rationale: As per MTUS Chronic pain guidelines, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. However, it is not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Total treatment duration should generally not exceed 20 full-day sessions. Pt had documented and finished 8 sessions by time of request. Documentation show improvement in pain with successful weaning of opioid and documented improvement in mentation, mood and objective function of ADLs. Additional sessions of Functional Restoration Program is medically necessary.