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| Case Number: | CM15-0026434 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 09/14/2013 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 32 year old man sustained an industrial injury on 9/14/2013 after his tractor lost it's tire, slid, kept running and jerked him sideways. Current diagnoses include cervicogenic headaches, chronic pain, myofascial pain syndrome, cervcial strain, insomnia, sprain of the shoulder/arm, and anxiety. Treatment has included oral medications, physical therapy, and acupuncture. Physician notes dated 12/29/2014 show diffuse spinal pain. Recommendations include hot packs, awareness of postural component of left sided facet mediated pain, functional restoration program evaluation, acupuncture, cubital tunnel soft pillow splints, trigger point and/or occipital nerve block, and refill of Norco. On 2/3/2015, Utilization Review evaluated a prescription for 15 hours of a functional restoration program for the cervical spine distributed as five hours per session for three part day sessions, that was submitted on 7/15/2015. The UR physician noted that although the worker has failed physical therapy and acupuncture, he has not trialed chiropractic treatment, antidepressant medications, or topical analgesics. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 hours, cervical spine, functional restoration program, 5 hours a session for 3 part day sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 30-33.

Decision rationale: According to the guidelines, 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. The claimant has a history and desire to improve as well as failing other prior conservative measures. The initial FRP evaluation established goals for treatment and improve function. The request for the trial of 3 sessions for 5 hours of functional restoration program is medically necessary.