

Case Number:	CM15-0224438		
Date Assigned:	11/20/2015	Date of Injury:	03/01/2002
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury 03-01-02. A review of the medical records reveals the injured worker is undergoing treatment for cervical sprain-strain, cervical stenosis, bilateral shoulder sprain-strain, and myofascial pain syndrome. Medical records (10-07-15) reveal the injured worker complains of "increased" pain and discomfort involving the shoulder, as well as chronic neck and low back pain. The physical exam (10-07-15) reveals decreased cervical and lumbar range of motion, tenderness to palpation in the neck and back regions, and myofascial trigger point in cervical and lumbosacral paraspinal musculature. Prior treatment includes acupuncture treatments and medications including Norco, Mobic, and Vicodin. The original utilization review (10-28-15) non certified the request for a Functional Restoration Program Evaluation. There is no documentation that the injured worker has received physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: 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 claimant has a remote history of a work injury occurring in March 2002 when he had radiating low back pain while taking cardboard for [REDACTED] and the cardboard fell onto the claimant's back from a double stacked pallet. He was seen for an initial evaluation by the requesting provider in November 2013. He was having radiating low back and shoulder pain. He reported using a crutch or cane when having pain. He had been at bed rest for two weeks. Prior treatments had included medications, physical therapy, acupuncture, chiropractic care, and a cortisone injection all with temporary benefit. Mobic and Vicodin were prescribed and he was referred for acupuncture treatments and was to exercise on his own. IN January 2014 acupuncture treatment had been helpful in decreasing pain and discomfort and he had functional improvement including being able to perform more self-care activities. On 09/29/15 he was having increased pain and discomfort in his shoulder and had ongoing chronic neck and low back pain. Authorization for additional acupuncture treatments was requested. Norco was continued. On 10/07/15 he had ongoing symptoms. Physical examination findings included decreased cervical and lumbosacral range of motion. There was neck and back tenderness. There were cervical and lumbar trigger points. Norco was continued at the same dose. Authorization for a functional restoration program evaluation was requested. In terms of a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, acupuncture treatments are pending and the claimant had benefited from these in the past. The claimant has not failed previous methods of treatment and an adjunctive physical rehabilitation program which should be a required component with acupuncture would likely result in significant clinical improvement. High dose opioid medication is not being prescribed. Further evaluation and treatment of his shoulder pain would be expected. A functional restoration program evaluation is not medically necessary.