

Case Number:	CM15-0030350		
Date Assigned:	02/24/2015	Date of Injury:	12/30/2013
Decision Date:	04/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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: Pennsylvania

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:

The injured worker is a 63 year old female who sustained an industrial injury on 12/30/2013. Diagnoses include degeneration of cervical intervertebral disc and status post right shoulder arthroscopy on 09/15/2014 with a full thickness supraspinatus tear, partial thickness subscapularis tear. Treatment to date has included physical therapy, and a TENS Unit. A physician progress note dated 01/21/2015 documents the injured worker complains of persistent back and right shoulder pain. Pain is rated 6 out of 10 in her neck and upper back and 2 out of 10 in her shoulder. She has headaches and pain that radiates down her right arm. She has significant loss of ability to function independently resulting from chronic pain. A Magnetic Resonance Imaging of the cervical spine done on 10/01/2014 reveals 1mm C4-C5, 2mm C5-C6, C6-C7 uncovertebral hypertrophy with facet hypertrophy and ligamentum flavum laxity contributing to central and foraminal narrowing. Treatment requested is for Functional restoration program; five days a week for eight week, for a total of forty sessions. On 02/24/2015 Utilization Review modified the request for Functional restoration program; five days a week for eight weeks, for a total of forty sessions to functional restoration program x initial 2 weeks and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program; five days a week for eight week, for a total of forty sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Pain Management Page(s): 8.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "Demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment." Although a functional restoration program may be appropriate for this worker, an 8 week program with 40 sessions cannot be considered medically necessary. Demonstration of functional improvement must be demonstrated at an earlier point in the program to determine if functional restoration should be continued.