

Case Number:	CM15-0056801		
Date Assigned:	04/01/2015	Date of Injury:	06/03/2005
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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, Ohio, California
 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 6/03/2005. Diagnoses include cervical radiculopathy, cervicobrachial syndrome, chronic myofascial pain syndrome and chronic non-specific low back pain. Treatment to date has not been included. Per the Primary Treating Physician's Progress Report dated 2/12/2015, the injured worker reported neck, upper and mid back pain with radiation down to her hands. The pain is described as achy, dull and radiating. The pain is rated as 8/10 and has worsened. Physical examination of the cervical spine revealed a positive Spurling's test and Adson's test. Shoulder examination revealed a positive Hawkin's test bilaterally. There was a positive Speed test bilaterally. Examination of the elbows, hands and wrists revealed a positive Tinel's test at the wrist bilaterally and positive Finkelstein's test bilaterally. The plan of care included a 10 day trial of a functional restoration program and authorization was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program trial (days) Qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs/Functional Restoration Program Page(s): 32.

Decision rationale: MTUS recommends consideration of a functional restoration program only for patients who meet very specifically outlined criteria. These criteria include the absence of alternate treatments likely to be successful. In this case, the records do not document unimodal mental health treatment such as cognitive behavioral therapy or individual psychotherapy for the mental health component of the patient's condition. An FRP program would not be indicated until such first-line mental health treatment has been attempted. Thus this request is not medically necessary at this time.