MAXIMUS Federal Services

Case Number:	CM14-0130350		
Date Assigned:	09/26/2014	Date of Injury:	02/20/2010
Decision Date:	10/27/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old female with a date of injury of 02/22/2010. The listed diagnoses per [redacted] are:1.Degenerative disk disease, cervical spine.2.Spondylosis at C5-C6 with upper extremity radiculopathy.3.Normal C4-C5 level, broad-based disk protrusion C3-C4.4.Lumbar degenerative disk disease.5.Lumbar facet hypertrophy at L3-L4 and L4-L5 and6.Central canal stenosis at L4-L5 and L5-S1.7.Chronic pain8.Depression secondary to chronic medical9.Bilateral knee10. Bilateral hand pain. According to progress report 06/27/2014, the patient presents with back pain, lower extremity pain, and neck pain. Examination of the cervical spine revealed reproducible tenderness over the cervical musculature. Range of motion is moderately reduced to about 50% of flexion and 50% of extension without pain. Left and right bending are about 25% of normal without pain. Treater states the patient has had a functional restoration evaluation. This is a request for Functional Restoration Program 5 days a week for 8 weeks. Utilization review denied the request on 07/30/2014. Treatment reports from 02/25/2014 through 06/27/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of treatment for Functional Restoration Program (FRP) (5 days a week times 8 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: This patient presents with back pain, lower extremity pain, and neck pain. The treater is recommending that the patient participate in a Functional Restoration Program 5 days a week for 8 weeks, and hopes that she will improve her functioning status, improvement in her pain levels, and gained adequate treatment for her depression. MTUS guidelines pages 30 to 33 recommend functional restoration programs and indicates it may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. Report 06/24/2014 indicates that a request for "total disk replacement for the patient at the C5-C6 level" was requested. The treater further states that the patient should have appropriate treatment while waiting for surgery and requested a medial branch block. In this case, it appears that treatments have not been exhausted as the treater is requesting a medial branch block. Furthermore, MTUS states that functional restoration programs may be consider for patients that are "not a candidate for surgery." The treater has concurrently requested a total disk replacement surgery for the c-spine and participation in a FRP for this patient. The requested Functional restoration program is not medically necessary and recommendation is for denial.