MAXIMUS Federal Services

Case Number:	CM14-0144959		
Date Assigned:	09/12/2014	Date of Injury:	07/19/2011
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 59-year-old male who reported an injury of unspecified mechanism on 07/19/2011. On 04/03/2014, his assessment included C5-6 anterior cervical discectomy with fusion with radiculopathy and myelopathy. An MRI of the cervical spine on an unknown date revealed a C6-7 foraminal stenosis and right sided C7-T1 mild foraminal stenosis without cord compression. The treatment plan recommended no surgical intervention. The recommendation was to avoid impact exercises and that riding an upright or possibly a recumbent bicycle might be helpful. Aquatic cardiovascular activities would also be beneficial. An unknown number of physical therapy sessions over a 6 week period were ordered. On 07/22/2014, an EMG and NCV evaluation revealed development of slowing of the ulnar nerve conduction across the right elbow. It was noted that this injured worker had 6 occupational therapy visits scheduled. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Help Program for FRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Disorders.

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

Decision rationale: The request for referral to HELP Program for FRP is not medically necessary. The California MTUS Guidelines may recommend Functional Restoration Programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Long term evidence suggests that the benefit of these programs diminishes over time. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The likelihood of return to work diminishes significantly after approximately 3 months of sick leave. There is no evidence in the submitted documentation that this worker was screened for a Functional Restoration Program. The submitted documentation spoke more to his pain than to impediments of functional abilities. Additionally, there was no timeframe or number of visits specified in the request. The clinical information submitted failed to meet the evidence based guidelines for Functional Restoration Programs. Therefore, this request for referral to HELP Program for FRP is not medically necessary.