

Case Number:	CM14-0145036		
Date Assigned:	09/12/2014	Date of Injury:	07/03/2010
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old male who reported an injury on 07/03/2010. The mechanism of injury was pulling and lifting a heavy object. Diagnoses included status post anterior cervical discectomy and fusion at C4-5-6. Past treatments included traction, physical therapy, a home exercise program, and medications. An x-ray of the cervical spine dated 04/08/2014 indicated the anterior side plate of affixing C4-6 was in good alignment. Surgical history included an unspecified right shoulder surgery and anterior cervical discectomy and fusion at C4-5-6 in 10/2013. The clinical note dated 07/10/2014 indicated the injured worker complained of neck and right shoulder pain, increased with activity. Physical exam revealed neck and shoulder pain limited activity. The clinical note dated 08/07/2014 indicated that Norco was decreased from 10 mg to 5 mg. The treatment plan included a functional restoration program for the cervical spine and right shoulder. The rationale for the request was to detox the injured worker from narcotics. The request for authorization form was completed on 08/21/2014 but was not signed by the physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, Cervical Spine, Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

Decision rationale: The request for a Functional Restoration Program for the Cervical Spine and Right Shoulder is not medically necessary. The California MTUS Guidelines indicate that chronic pain programs are recommended depending on identification of patients that may benefit from early intervention via a multidisciplinary approach as indicated by patients with a response to treatment that falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity; the patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis; there is a previous medical history of delayed recovery; and the patient is not a candidate where surgery or other treatments would clearly be warranted. The guidelines state a "functional restoration program may be indicated when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." They may be indicated for injured workers who have a significant loss of ability to function independently resulting from the chronic pain. Baseline functional testing should be performed so that follow-up with the same test can note functional improvement. Treatment is not supported for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should not exceed 20 full-day sessions. The injured worker was status post anterior cervical discectomy and fusion and complained of pain to the right neck and shoulder. There is a lack of documentation regarding an assessment of baseline functioning. There is no indication the injured worker was not a candidate where surgery or other treatments would be warranted. In addition, the submitted request does not specify the quantity, frequency, or duration of treatment. Therefore, the request for a Functional Restoration Program for the Cervical Spine and Right Shoulder is not medically necessary.