MAXIMUS Federal Services

Case Number:	CM14-0149342		
Date Assigned:	09/24/2014	Date of Injury:	05/12/2011
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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, 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 patient is a 44 year old female who was injured on May 12, 2011 when she slipped and fell and developed immediate pain in her low back. Prior treatment history included ibuprofen, Soma, Norco 10/325, Trazodone, Venalafaxine, amitriptyline, Lunesta, Acupuncture and Psychotherapy. Orthopedic evaluation dated March 18, 2014 documented the patient to have complaints of constant pain in her low back, neck, right arm hand and bilateral knees. The pain caused limitations to the patient daily activities. Objective findings on physical exam included weak grip strength on the right side, mild tenderness over the neck on the right side and over the right shoulder. Active movement of the cervical spine was markedly reduced in left torsion (20 to 30 degrees). ROM of the lumbar spine was limited with tenderness in the midline at L4-5. Patient was diagnosed with chronic painful lumbar & cervical DDD, doubt intrinsic pathology in the right shoulder or bilateral knees. Patient was recommended either nerve block or ESIs. A progress report dated August 12, 2014 documented the patient complaints of low back, neck and bilateral shoulder pain, which she rates as 8-9/10 and improves to 4-6/10 with medications. Patient also reported insomnia, depression, chest pain, SOB, and GI problems. On exam, the patient was hypersensitive to touch, reflexes in upper & lower extremities were +3, and strength was 4/5 in the upper extremities. According to the progress report; a toxicology screening dated July 30, 2014 was negative for her medications, CT of cervical spine dated June 21, 2014 revealed DDD at C6-7, and MRI of cervical spine dated December 13, 2012 showed disc protrusions at C4-7 and that spinal cord was mildly flattened at C5. The patient was diagnosed with depression, cervical pain, right supraspinatus tendonitis, bilateral shoulder pain greater on the left side, biceps tenosynovitis, osteoarthropathy of the right acromioclavicular joint, right subacromial bursitis with glenohumeral joint effusion, lower and bilateral upper limb paresthesia, lumbar DDD, chronic low back pain, and myalgia. The patient was prescribed Norco

10/325 #60, which the physician was planning to wean the patient off it, and tramadol 50mg. The treating physician also requested authorization for functional restoration program and 8 more sessions of psychotherapy. Prior Utilization Review dated August 29, 2014 denied the request for "Evaluation for Functional Restoration Program neck, right shoulder, and depression" and the rational was that it would be indicated only when the patient had exhausted all other treatment options.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for functional restorational program neck, right shoulder, depression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs/function restoration programs.

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

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines recommends Functional Restoration Programs for patients with conditions that put them at risk of delayed recovery and those that are motivated to improve and return to work, and meet the patient selection criteria outlined. The medical records on a PR dated August 12, 2014 documented that the patient's pain, which she rated as 8-9/10, showed improvement with medications down to 4-6/10. It also documented that acupuncture sessions provided some relief to the patient's condition. Based on the criteria for use of these programs, all 5 criteria must be met. The patient did not meet criteria "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement". Therefore, the request is not medically necessary. The request is not medically necessary.