

Case Number:	CM14-0161821		
Date Assigned:	10/07/2014	Date of Injury:	06/23/2012
Decision Date:	11/07/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational 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 62-year-old female with a date of injury of June 23, 2012. As per the report of September 12, 2014, she complained of chronic neck and left upper extremity pain. She reported no acute changes to her pain condition. She had completed acupuncture with some temporary relief of pain. She reported that patches helped to reduce pain and for better function. She was recommended cervical epidural steroid injections; however, she wished to remain conservative in her care. She had declined in functions and activities of daily living. On exam, she was alert and oriented and there was no evidence of sedation. C-spine exam revealed tenderness to palpation over the cervical paraspinal muscles left-sided with muscle tension extending into the left upper trapezius muscle. C-spine range of motion was decreased by 30% with flexion, 40% with extension and 30% with rotation bilaterally. Sensations were decreased to light touch along left upper extremity compared to the right. Motor strength was 4/5 with left hand grip compared to the right. C-spine magnetic resonance imaging dated July 30, 2012 showed moderate cervical spondylosis and central/non-compressive C4-5 disc protrusion. An electromyogram of the bilateral upper extremity from March 2014 showed mild left carpal tunnel syndrome, but no cervical radiculopathy. Urine drug screen as per the report of June 13, 2014 was negative. Current medications include Flector patch. As per the report of August 8, 2014, medications helped and she had completed all sessions of chiropractic and acupuncture, but had remained generally symptomatic. [REDACTED] Functional Restoration Program was performed on August 28, 2014 and September 17, 2014. Diagnoses include cervical spondylosis without myelopathy, long term use of medications, neck pain, chronic pain syndrome and syndrome cervicobrachial. The request for [REDACTED] Functional Restoration Program (requesting 160 hours of the next available program) was denied on September 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Functional Restoration Program (requesting 160 hours of the next available program): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: Functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity according to the American College of Occupational and Environmental Medicine Practice Guidelines. Multiple treatment modalities (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated goal oriented functional restoration approach. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Criteria for the general use of multi-disciplinary pain management programs: outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The injured worker has a significant loss of ability to function independently resulting from the chronic pain; (4) The injured worker is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The injured worker exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the clinical information is limited and the medical records do not document the above criteria are met. There is no evidence of a delay in return to work or a prolonged period of inactivity. There is no documentation of baseline functional testing. There is no indication that the injured worker has a significant loss of ability to function independently resulting from the chronic pain. Negative predictors of success above have not been addressed. Therefore, the medical necessity of initial evaluation for functional restoration program is not established per guidelines.