

Case Number:	CM14-0183520		
Date Assigned:	11/10/2014	Date of Injury:	05/03/2013
Decision Date:	12/16/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family 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:

This is a 65 years old female patient who sustained a work related injury on 5/3/13. Patient sustained the injury when she went to pick up the box and felt a popping like sensation with burning pain in her neck. The current diagnosis includes cervical spinal stenosis. Per the doctor's note dated 9/15/2014, patient has complaints of chronic neck and upper extremity pain which radiates down the left arm with numbness and tingling of the fingertips. She was able to perform activities of daily living including washing dishes and laundry and she is having some worsening of depressive symptoms. Physical examination revealed gait was grossly normal and non-antalgic and ambulated into the room without any assistance and normal physical examination. The patient reported a 50% improvement in pain as well as increased cervical range of motion and less dependence on medication secondary to a 6/3/2014 epidural steroid injection. The patient stated that Motrin and gabapentin resulted in 75% reduction in pain. The current medication lists include Motrin, gabapentin, Promethazine, Aleve, Aspirin, Hydrocodone and Vicodin. The patient has had bilateral upper extremity EMG/NCV on 4/21/2014 that revealed C6 cervical radiculopathy with bilateral median sensory mononeuropathy and bilateral mild carpal tunnel syndrome and on 9/16/2013 cervical spine MRI that revealed multilevel degenerative changes, moderate cervical central canal stenosis and associated neural foraminal narrowing. The past medical histories include Migraine headaches, Hypertension, COPD, seizures, Arrhythmia and Myocardial infarction in 2/2014. The patient's surgical histories include hysterectomy, 1977 and thyroid nodule biopsy. The patient has had an epidural steroid injection on 6/3/2014. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One initial evaluation, functional restoration program: 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: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary 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 patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." The criteria for chronic pain management program have not been met as per records provided. Per the doctor's note dated 9/15/2014, physical examination revealed gait was grossly normal and non-antalgic and ambulated into the room without any assistance and normal physical examination. Any significant functional deficits that would require chronic pain management program was not specified in the records provided. The patient reported a 50% improvement in pain as well as increased cervical range of motion and less dependence on medication secondary to a 6/3/2014 epidural steroid injection. The patient stated that Motrin and gabapentin resulted in 75% reduction in pain. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Response to conservative therapy including PT was not specified in the records provided. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. As functional restoration program is not deemed medically necessary; the request for one initial evaluation, functional restoration program is not fully established for this patient.