

Case Number:	CM14-0214451		
Date Assigned:	01/07/2015	Date of Injury:	10/24/2012
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 injured worker's date of injury is 10/24/2012. The initial injury occurred at work while the patient was moving a glass panel he suffered a fall in a truck and his head became wedged between the window frame and bed of the truck. This patient receives treatment for chronic neck pain, low back pain with sciatica, and cervicogenic headaches. A cervical CT scan showed degenerative disc disease at C5-C6. A lumbar MRI on 06/10/2013 showed a small disc bulge at L5-S1. An MRI of the brain on 05/24/2013 is normal. Electrodiagnostic studies of the upper extremities is normal. The patient has received chiropractic, TENS, physical therapy, and prescriptions drugs. The patient is opioid dependent and uses Butrans patches. On physical exam his neurologic exam is intact. Other medications include Lidoderm patch, sumatriptan, nortriptyline, ondansetron, ibuprofen, and pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration aftercare program x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-32.

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

Decision rationale: This patient receives treatment for chronic neck pain, low back pain with sciatica, and cervicogenic headaches. The main challenge in recommending these programs lies in the fact that studies have failed to agree on how to appropriately screen for inclusion in these programs. In addition, while there is some evidence for recommending these programs for both cervical and low back pain, there is little scientific evidence for recommending these program for headaches, which is one of the patient's major source of recurring pain. A Functional Restoration Program is not medically indicated.