

Case Number:	CM14-0214686		
Date Assigned:	01/07/2015	Date of Injury:	09/14/2013
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
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: Physical Medicine & Rehabilitation

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 32-year-old male with date of injury of 09/14/2013. The listed diagnoses from 12/01/2014 are: Cervicogenic headaches, Chronic pain, Myofascial pain syndrome, Cervical strain, Occipital neuralgia, Ulnar nerve lesion, Insomnia, NOS, Sprained shoulder/arm, NOS, Anxiety and Encounter for long-term use of other medications. According to this report, the patient complains of neck pain with associated occipital headaches. He notes that he is most concerned about his severe headaches. The patient is now having diffuse spinal pain. He reports about 3 to 4 hours of sleep at night. He cannot tolerate more than 30 minutes of household chores at a time without neck and arm pain. The patient reports irritability, "short fuse" with family and friends. He feels "anxious about my future. His current list of medications includes tramadol HCl, Voltaren, and Norco. Examination of the cervical spine shows restricted range of motion with right lateral bending limited to 30 degrees due to pain and is restricted with lateral rotation to the right limited to 35 degrees due to pain. Tenderness and tight muscle band is noted on the left side of the paravertebral muscles. Tenderness was also noted at the trapezius and left sternocleidomastoid and levator scapula muscles. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Strength of the upper limbs is at least 4/5 on the left and 5/5 on the right. Light touch sensation is intact in the upper limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 days equivalent functional restoration program for cervical spine & left trapezoid:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59.

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

Decision rationale: This patient presents with neck pain and headaches. The MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: Adequate and thorough evaluation has been made. Previous methods of treating chronic pain had been unsuccessful. Significant loss of the ability to function independently resulting from chronic pain. Not a candidate for surgery or other treatments would clearly be warranted. The patient exhibits motivation change. Negative predictor of success above has been addressed. These negative predictors include evaluation for poor relationship with employer, work satisfaction, negative outlook in the future, etc. The records do not show any previous functional restoration program reports. None of the reports discuss the required criteria by the MTUS guidelines for admission to a functional restoration program. The request is not medically necessary.