

Case Number:	CM15-0111433		
Date Assigned:	06/17/2015	Date of Injury:	11/09/2011
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 56-year-old female, who sustained an industrial injury on 11/9/11. The injured worker has complaints of neck pain. The diagnoses have included degeneration of cervical intervertebral disc and intervertebral disc disorder with myelopathy, unspecified region. Treatment to date has included nerve root block; ibuprofen; lumbar fusion surgery in January 2013; magnetic resonance imaging (MRI) dated 3/27/12 showed moderate foraminal stenosis at C6-C7 and moderate right foraminal and subarticular stenosis at C4-C5; status post right thoracic outlet surgery on 2/6/12; magnetic resonance imaging (MRI) of the right shoulder on 4/10/14 showed degenerative joint disease, supraspinatus tendon fraying and a small amount of fluid and electromyography/nerve conduction velocity study right arm in May 2012 showed borderline abnormal right ulnar sensory neuropathy across the elbow. The documentation noted on 5/12/15 that the injured worker has a magnetic resonance imaging (MRI) authorized but has not been scheduled. The request was for Functional Restoration Program Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: Functional Restoration Program Consultation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The May 12, 2015 physician progress report states that the patient was referred to a spine surgeon for her increased pain in the lower extremities. The consultation with the spine surgeon is still pending. The MTUS states that one of the criteria for a chronic pain/functional restoration program is that the patient is not a candidate where surgery or other treatments would clearly be warranted. The most recent progress not from May 2015 indicates that the patient is to undergo a cervical epidural steroid injection. Additionally, the patient is to follow up with a spine surgeon. At this point it is not clear what the treatment plan is from this follow up visit with the surgeon. It appears that the patient is still undergoing treatments and therefore this request is not medically necessary.