

Case Number:	CM15-0117197		
Date Assigned:	06/25/2015	Date of Injury:	05/30/2012
Decision Date:	07/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

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

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 38-year-old female, who sustained an industrial injury on 5/30/12. The injured worker has complaints of bilateral upper extremities, neck and back pain. The documentation noted that range of motion of the cervical spine in all planes is limited by pain. The paresthesias to light touch noted in the digits 1-5 bilaterally. The diagnoses have included cervical radiculopathy; cervical spinal stenosis and carpal tunnel syndrome. Treatment to date has included C5-6 anterior cervical discectomy and fusion on 2/26/15; amitiza; Gabapentin; discontinued biofreeze; discontinued tizandine and discontinued Cyclobenzaprine. The request was for Functional Restoration Program trial quantity 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program trial (days) Qty: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 29-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in May 2012 and underwent an anterior cervical decompression and fusion on 02/26/15 with a reported resolution of upper extremity radicular and neurologic complaints. When requested on 03/31/15 she had pain rated at 5/10. She had limited sitting, standing, and walking tolerances. She was able to complete activities of daily living, although with some difficulty. She had decreased and painful cervical spine range of motion and decreased upper extremity strength and sensation. Adson, Speeds, and Tinel's testing was positive bilaterally. A functional restoration program can be recommended for selected patients with chronic disabling pain. In this case, when the claimant requested was less than five weeks status post-cervical spine surgery, which appears to have successfully resolved for upper extremity symptoms. Conventional physical therapy treatment would be expected to improve her condition. The claimant has not failed less intense treatment and, therefore, participation in a functional restoration program is not medically necessary.