

Case Number:	CM15-0122382		
Date Assigned:	07/06/2015	Date of Injury:	09/25/2012
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on 9/25/12 while lifting 50 pounds and felt left sided neck and shoulder pain. He was medically evaluated and received medication and physical therapy. In addition he underwent cervical epidural steroid injection and eventually had an anterior cervical fusion at C4-5 (2/2014). He had a previous industrial injury in 2009 that involved neck, upper back, left arm. He currently complains of continued moderately severe neck pain with radiation into the left upper extremity with intermittent numbness and tingling and a pain level of 6/10. His physical exam reveals limited range of motion of the cervical spine His activities of daily living are limited regarding household chores, yard work, socializing, exercising and participating in recreational activities. Medications are Tramadol, cyclobenzaprine, fenoprofen, omeprazole, LidoPro 4% ointment. Diagnoses include anxiety; fear-avoidance; depression; sleep disorders (these have limited his function and recovery); neck pain, status post spinal fusion C4-5; right cervical muscular soft tissue pain; resolving chronic pain syndrome; carpal tunnel syndrome; ulnar nerve lesion. Treatments to date include medications; cervical epidural steroid injections; home exercise program; physical therapy. Diagnostics include electrodiagnostic study of the left upper extremity (11/14/12 and 4/22/14) showing left carpal and cubital tunnel syndrome; MRI of the cervical spine (11/20/12) with abnormality. In the progress note dated 6/4/15 the treating provider's plan of care includes a request for Functional restoration Program, initial evaluation to identify reasonable functional goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation for Functional Restoration Program: Upheld

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

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

Decision rationale: The patient in this case has a complicated history of pain not improved with conservative measures, and a request has been made for initial evaluation for potential benefit of a functional restoration program. The MTUS thoroughly discusses recommendations and indications for use of functional restoration programs. The patient has a history of anxiety, sleep problems, and depression. As continuing treatment is deemed necessary for mental health, and high levels of psychosocial stress are correlated with decreased efficacy in functional evaluation programs per the MTUS guidelines, it may be valuable to seek treatment for mental health concerns with something like cognitive behavioral therapy before further consideration of a functional restoration program, particularly in light of the lack of evidence to support such programs in cases of neck and shoulder pain (as opposed to low back pain where the evidence for use is much stronger). While a functional restoration program may be a treatment modality for future consideration, based on the current guidelines and the provided case documents, implementation of a functional restoration program at this time is not considered medically necessary as the recommendation by utilization review to consider an approach more focused on psychological concerns may be appropriate first.