MAXIMUS Federal Services

Case Number:	CM15-0125258		
Date Assigned:	07/09/2015	Date of Injury:	07/17/2009
Decision Date:	08/05/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This injured worker is a 54 year old female who reported an industrial injury on 7/17/2009. Her diagnoses, and or impressions, were noted to include: cervical spondylosis without myelopathy; neck pain; internal derangement and pain in shoulder joint, status-post left shoulder arthroscopy x 2; left cervicobrachial syndrome; and left carpal tunnel syndrome. No current imaging studies were noted. Her treatments were noted to include diagnostic studies; surgery; an agreed medical examination on 5/11/2015; medication management; and rest from work with permanent disability. The progress notes of 5/18/2015 reported complaints which included the continuation of pain at the base of her cervical spine that radiated to the left cervicobrachial region and left shoulder, and aching pain in the shoulder, aggravated by activities. Objective findings were noted to include: improved range-of-motion in the left shoulder; spasm and guarding at the base of the cervical spine that extended into the left cervicobrachial region; positive Tinel's over the carpal tunnels; and a difficult exam over the left upper extremity secondary to guarding. The physician's requests for treatments were noted to include the initial evaluation for a Northern California Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at the Northern California Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

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

Decision rationale: Initial evaluation at the Northern California Functional Restoration Program is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the criteria for the general use of multidisciplinary pain management programs include that an outpatient pain rehabilitation programs may be considered medically necessary after particular criteria are met including that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. The MTUS furthermore requires specific criteria to be fulfilled for admission to a chronic pain program which can be further evaluated through an initial evaluation. The documentation indicates that this patient has delayed recovery with a work injury in 2009 and continues to suffer from chronic pain and functional deficits as well as psychological sequel and opioid medication use. It is noted that this evaluation does not guarantee admission to a chronic pain program and that particular criteria must be met in accordance with the MTUS Guidelines prior to admission of a chronic pain or functional restoration program.