

Case Number:	CM15-0174925		
Date Assigned:	09/16/2015	Date of Injury:	08/04/2007
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 injured worker is a 56 year old male, who sustained an industrial injury on August 4, 2007. He reported injury to his head, neck, upper back, left shoulder, left arm, bilateral wrists and right hand. The injured worker was currently diagnosed as having post cervical laminectomy syndrome, shoulder pain, spasm of muscle, carpal tunnel syndrome and depression not otherwise specified. Treatment to date has included diagnostic studies, physical therapy, shoulder injection, surgery and medication. On August 11, 2015, the injured worker complained of neck pain rated as a 2 on a 1-10 pain scale with medication and a 6 on the pain scale without medication. Notes stated that he was currently not trying any other therapies for pain relief. His activity level was noted to be increased and his medications were working well. On the day of exam, current medications included Nucynta, Ambien, Amlodipine Besylate, Diazepam, Hydrocodone-acetaminophen, Tylenol and Zolpidem Tartrate. Cervical spine range of motion was restricted with flexion limited to 40 degrees with pain, extension limited to 25 degrees with pain, right lateral bending limited to 10 degrees with pain, left lateral bending limited to 15 degrees with pain, lateral rotation to the left limited to 60 degrees with pain and lateral rotation to the right limited to 60 degrees with pain. Movements of the left shoulder were restricted with flexion limited to 140 degrees with pain and abduction limited to 130 degrees. Speeds test was reported to be positive. Physical examination of the bilateral wrists revealed a positive Tinel's sign and positive phalens on the right only. The treatment plan included Nucynta, physical therapy for his neck, left shoulder and bilateral wrist, trigger point injections, psych consultation, internal

medicine physician evaluation for respiratory complaints and a follow-up visit. On August 31, 2015, utilization review denied a request for an initial ten sessions of Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 10 sessions of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The 56 year old patient complains of neck pain, rated at 2/10 with medications and 6/10 without medications, along with poor quality of sleep, as per progress report dated 08/11/15. The request is for initial 10 sessions of functional restoration program. There is no RFA for this case, and the patient's date of injury is 08/04/07. The patient is status post cervical discectomy and fusion in 2008, status post shoulder surgery in 2012, and status post three knee surgeries, as per progress report dated 08/11/15. Diagnoses included cervical post-laminectomy syndrome, shoulder pain, muscle spasm, carpal tunnel syndrome and depression. Current medications Nucynta, Ambien, Amlodipine, Diazepam, Norco, Tylenol and Zolpidem. The patient is not working, as per the same progress report. The MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs section, recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). In this case, none of the progress reports available for review discuss the request. Given the patient's date of injury, it is reasonable to assume that the patient has received significant conservative care. The patient has also undergone multiple surgeries, and has significant loss of function. However, there is no indication that the patient has undergone multidisciplinary evaluation, as required by MTUS. The patient is not working at this time and the reports fail to document the patient's motivation to change. Additionally, the treater does not state that the negative predictors for success of FRP have been identified and addressed. Given the lack of relevant documentation, the request IS NOT medically necessary.