

Case Number:	CM15-0064986		
Date Assigned:	04/10/2015	Date of Injury:	07/18/2011
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/03/2015

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 58 year old female who sustained an industrial injury as a result of an assault on July 18, 2011. The injured worker was diagnosed with chronic pain syndrome, cervical syndrome, myalgia, myositis and headaches. Treatment to date includes diagnostic testing, cervical epidural steroid injection (ESI), surgeries, physical therapy, acupuncture therapy, massage, psychotherapy sessions, home exercise program, cognitive behavioral therapy (CBT) and medications. The injured worker is status post right knee arthroscopy with excision of plica in March 2014 and C5-C6 anterior cervical discectomy and interbody fusion with instrumentation on September 12, 2014. According to the treating physician's progress report on March 19, 2015, the injured worker continues to experience neck pain and headaches with pain rated 5/10. Examination of the cervical spine demonstrated bilateral paravertebral muscle tenderness with restricted range of motion to the right shoulder and tenderness to palpation in the acromioclavicular joint and coracoid process. The right knee demonstrated decreased range of motion with tenderness to palpation over the lateral joint line. Decreased motor strength was noted on examination of the right upper and lower extremities. Current medications are listed as Ibuprofen, Tylenol #3 and Cyclobenzaprine. The injured worker remains on temporary total disability (TTD) and has not returned to employment. Treatment plan includes continuing to taper Tylenol #3, follow-up with post-operative and pain psychologist visits and the current request for a 64 hour functional restoration program (FRP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: 64 hours (neck and shoulder pain): Upheld

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

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

Decision rationale: The patient in this case has a complicated history of pain conditions, and a request has been made for use of a functional restoration program. The MTUS thoroughly discusses recommendations and indications for use of functional restoration programs. The patient has a history of post-traumatic stress disorder and depression for which she is currently under treatment and evaluation. 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 continue treatment for mental health disorders 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.