MAXIMUS Federal Services

Case Number:	CM15-0095289		
Date Assigned:	05/21/2015	Date of Injury:	04/14/2014
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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 48 year old female patient who sustained an industrial injury on 04/14/2014. The accident was described as the patient being struck on the head forcing her neck into flexion. Apparently, a power outage caused a garage door to fall and the patient with acute onset of pain/injury. She subsequently was evaluated and diagnosed with disc herniations at C3-4, C4-5, and C5-6. She described continued constant pain in the cervical spine accompanied by constant numbness, tingling and weakness in the right arm. She states still performing home exercises even with the pain. The pain is eased while she is lying supine. Prior treatment to include: physical therapy session, work hiatus, modified work duty. The assessment noted the patient's overall functioning is 64/200 per MTAP, which places her in a sedentary work category. She showed a poor tolerance to therapy, demonstrated significant pain levels through all movement of cervical spine and shoulder motion. A primary treating office visit dated 10/13/2014 reported the patient stating, "I'm not a basket case anymore", "I got a grip on things". She reports the pain is about the same rated a 6 in intensity out of 10 with use of medications and a 9 in intensity without medications. She continues to have spasms in the neck with numbness and tingling in the right upper extremity. She is requesting a refill of the muscle relaxer today. She had initiated a course of physical therapy, which has been of some help. Of note, she is not working at this time, as there is no modified work duty available. A magnetic resonance imaging study of cervical spine performed on 07/25/2014 revealed cervical spine disc herniations at C3-4, C4-5, and C5-6. A radiography study of the cervical spine was essentially within normal limits, other than mild disc space narrowing at the C5-6 level. The treating diagnoses are: disc

herniations C3-4, C4-5, and C5-6, and cervical strain. The plan of care involved the patient undergoing urine drug screen; continue with medications Naprosyn, Flexeril, Tramadol ER. A complex orthopedic spinal consultation dated 12/11/2014 reported chief complaint of c3-6 stenosis with myelomalacia, myelopathy. Medications at this time were: Tramadol 50mg I QD; Naproxen, Norco 10/325mg one Q 6 hours MAX 3 QD; and Flexeril. The treating diagnosis noted the patient with: C3-4, 4-5, and 5-6 herniated disk with severe stenosis, myelopathy. The plan of care noted the patient recommended to undergo C3-6 ACDF to decompress and stabilize area of stenosis; refill prescription for Norco; refer to pain management or mediation management, and undergo cervical spine radiography study 5 view.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic Pain Functional Rehabilitation Consulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program 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 provided documents do not clearly show evidence of failed treatment modalities as epidural steroid injections have been recommended, and it appears that the patient is also possibly a candidate for surgery, causing failure to meet the MTUS guidelines for functional restoration program consideration. 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.