

Case Number:	CM15-0098439		
Date Assigned:	05/29/2015	Date of Injury:	03/17/2014
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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, Pain Management

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 42-year-old female, who sustained an industrial injury on March 17, 2014. The injured worker reported simple lifting and experienced neck and back pain with numbness and tingling of upper extremities. The injured worker was diagnosed as having cervical disc displacement and carpal tunnel syndrome. Treatment to date has included magnetic resonance imaging (MRI), electromyogram, physical therapy, H-wave, chiropractic and medication. A progress note dated April 9, 2015 the injured worker complains of neck pain radiating to left upper extremity and low back pain with occasional radiation to the legs. She rates her pain 4/10. She reports H-wave and chiropractic treatment have decreased her pain from 8/10 to 4/10. She expresses feelings of being distressed about future employment. Electromyogram shows lumbosacral radiculopathy. Physical exam notes lumbar spasm and guarding with no other abnormalities noted. The plan includes functional restoration evaluation, Relafen and follow-up. An appeal letter dated April 28, 2015 states that the patient has undergone conservative treatment with some benefit, defers injection therapy, and is not a surgical candidate. The patient does not feel that she could return to her previous employment due to extended periods of driving, but she would like to return to the workforce in some capacity. The requesting physician states that the patient is dependent on NSAIDs and muscle relaxants, and complains of psychological distress and feels distressed about future employment options. Each of the guideline criteria for functional restoration program are then addressed individually.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation [REDACTED] **functional restoration program:** Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, it appears that guideline criteria have been met for a functional restoration program evaluation. Consideration for functional restoration program participation will be based on the outcome of the evaluation. As such, the currently requested functional restoration program is medically necessary.