

Case Number:	CM14-0173469		
Date Assigned:	10/24/2014	Date of Injury:	01/25/2011
Decision Date:	11/25/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year-old male, who sustained an injury on January 25, 2011. The mechanism of injury occurred from repetitive opening of steel doors. Diagnostics have included: July 11, 2014 cervical MRI reported as showing C4-5 disc protrusion and foraminal stenosis; July 8, 2014 EMG/NCV reported as showing mild bilateral carpal tunnel syndrome. Treatments have included: medications, physical therapy, acupuncture, bilateral carpal tunnel release. The current diagnoses are: s/p bilateral carpal tunnel release, complex regional pain syndrome of the hands, reflex sympathetic dystrophy, and myofascial pain. The stated purpose of the request for Functional restoration program trial (days) QTY: 10 were to provide an alternative to further surgery. The request for Functional Restoration program trial (days) QTY: 10 were denied on October 17, 2014, citing a lack of documentation of the performance or results of recommended stellate ganglion blocks. Per the July 7, 2014 report, the treating physician noted that the injured worker is not willing to undergo stellate ganglion blocks. Per the July 15, 2014 orthopedic consultation report, the provider noted that the injured worker needed to have an urgent cervical surgical evaluation and a bone scan was pending. Per the July 21, 2014 orthopedic consultation follow-up report, the bone scan was reported as showing no evidence of abnormal soft tissue uptake suggesting reflex sympathetic dystrophy. Per the initial FRP Evaluation report dated September 17, 2014, the treating physician noted complaints of pain to his hands as well as irritability and stress, difficulties with activities of daily living. Exam findings included mottling and paresthesia to the hands, positive Tinel's at the wrist bilaterally, positive Finkelstein's tests bilaterally. The provider noted decreased ADL functionality, decreased energy, decreased sleep, increased pain, non-surgical candidacy, stable psychological stress levels, positive commitment to functional improvement, addressed negative predictors for success. Per the initial FRP Evaluation report dated September 17, 2014, the treating physician

noted complaints of pain to his hands as well as irritability and stress, difficulties with activities of daily living. Exam findings included mottling and paresthesias to the hands, positive Tinel's at the wrist bilaterally, positive Finkelstein's tests bilaterally. The provider noted decreased ADL functionality, decreased energy, decreased sleep, increased pain, non-surgical candidacy, stable psychological stress levels, positive commitment to functional improvement, addressed negative predictors for success.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program trial (days) QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain." The injured worker has pain to his hands as well as irritability and stress, difficulties with activities of daily living. The treating physician has documented mottling and paresthesia to the hands, positive Tinel's at the wrist bilaterally, positive Finkelstein's tests bilaterally. The provider noted decreased ADL functionality, decreased energy, decreased sleep, increased pain, non-surgical candidacy, stable psychological stress levels, positive commitment to functional improvement, addressed negative predictors for success. The request for Functional restoration program trial (days) QTY: 10 were denied on October 17, 2014, citing a lack of documentation of the performance or results of recommended stellate ganglion blocks. Per the July 7, 2014 report, the treating physician noted that the injured worker is not willing to undergo stellate ganglion blocks. Per the July 15, 2014 orthopedic consultation report, the provider noted that the injured worker needed to have an urgent cervical surgical evaluation and a bone scan was pending. Per the July 21, 2014 orthopedic consultation follow-up report, the bone scan was reported as showing no evidence of abnormal soft tissue uptake suggesting reflex sympathetic dystrophy. The providers have not documented the outcome decision regarding a surgical treatment option in relation to the issue of cervical radiculopathy. The criteria noted above not having been met, Functional restoration program trial (days) QTY: 10 is not medically necessary.