

Case Number:	CM13-0009835		
Date Assigned:	03/19/2014	Date of Injury:	06/29/2008
Decision Date:	05/06/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 78 year-old female with a 6/29/2008 industrial injury claim. She has been diagnosed with lumbago; CTS; psychogenic pain; cervical spinal stenosis; neck pain, Sciatica, and reduction deformities of brain. According to the 6/27/13 pain management report from [REDACTED], the patient presents with 8-9/10 neck, back and upper extremity pain. [REDACTED] notes his FRP was denied and appeals it. The initial request appears to be from 4/25/13. It was noted the patient gets [REDACTED] per month from workers compensation and [REDACTED] from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

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

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

Decision rationale: According to the 6/27/13 pain management report from [REDACTED], the patient presents with 8-9/10 neck, back and upper extremity pain. [REDACTED] notes his FRP was denied and appeals it. I have been asked to review for the necessity of the FRP. MTUS provides

a list of criteria for the FRP and states ALL criteria must be met. MTUS states: "(5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change" The 6/27/13 report states the patient is motivated to change, but does not mention if she is willing to forgo secondary gains including disability payments to effect this change. The initial request appears to be from 4/25/13 by [REDACTED]. It was noted the patient gets [REDACTED] per month from workers compensation and [REDACTED] from Social Security, and was concerned about the ability to financially support herself. The patient does not meet all of the MTUS requirements for the FRP.