

Case Number:	CM13-0022358		
Date Assigned:	11/13/2013	Date of Injury:	07/12/2011
Decision Date:	01/15/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 29-year-old male who sustained a work-related injury on 07/12/2011. The most recent evaluation submitted for review is dated 08/26/2013. Subjective complaints consisted of chronic neck, upper extremity, and back pain aggravated with prolonged sitting, walking, and lying down for prolonged time, and bending. The patient rated his pain 5/10 to 6/10 on the Visual Analog Scale with medications. The patient stated the pain medications helped with pain relief, and he was tolerating them without side effects. Objective findings revealed limited range of motion of the lumbar spine as well as spasm and guarding of the lumbar spine, left greater than right. Examination of the neck revealed palpable tenderness left greater than right and increased muscle tone of the trapezius. The patient's medications consisted of Cyclobenzaprine and Buprenorphine. The clinical information indicated that a surgical consult was suggested during the patient's Qualified Medical Evaluation and the patient expressed interest in seeing a surgeon. As such, the treatment plan consisted of a request for authorization for surgical consult, medication refills, and continued work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

The initial evaluation at the [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional restoration programs. Decision based on Non-MTUS Citation as well as

other nationally recognized evidence based medical guidelines or required State treatment guideline

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

Decision rationale: The California MTUS Guidelines provide the following 6 criteria for a Functional Restoration Program: (1) an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) the patient has a significant loss of ability to function independently resulting from the chronic pain; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal or treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) the patient exhibits motivation to change and is willing to forego secondary gains, including disability payments to effect this change; (6) negative predictors of success above have been addressed. The clinical information submitted for review lacks documentation of prior unsuccessful treatment and loss of ability to function due to chronic pain. Additionally, the documentation indicates the patient is considered a surgical candidate, but there is no clinical information submitted for review to indicate the patient's current surgical status. As such, the medical necessity for initial evaluation at the [REDACTED] has not been established.