

Case Number:	CM13-0034226		
Date Assigned:	12/06/2013	Date of Injury:	11/05/2011
Decision Date:	02/18/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 46-year-old female who reported injury on 11/05/2011. The mechanism of injury was not provided. The patient's diagnosis, per the application for independent medical review, was noted to be a headache. The request was made for an initial evaluation at Northern California Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation at Northern California Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31 and 32.

Decision rationale: California MTUS Guidelines recommend entry into a functional restoration program for patients who have had an adequate and thorough evaluation, including baseline functional testing, so follow-up with the same test can note functional improvement. There was a lack of clinical documentation submitted for review, as there were no provider notes given for the request. Given the above, the request for initial evaluation at Northern California Functional Restoration Program is not medically necessary.

