

Case Number:	CM13-0044885		
Date Assigned:	12/27/2013	Date of Injury:	11/08/2005
Decision Date:	03/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Pain Management 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:

This is a 49 year-old male who was injured on 11/8/2005. He has been diagnosed with cervical disc injury s/p fusion at 3 levels C3, C4, C5; lumbosacral disc injury s/p fusion L4/5; right shoulder rotator cuff injury s/p surgical repair in July 2007; and Depression. The IMR application shows a dispute with the 10/17/13 UR decision on the functional restoration program evaluation at [REDACTED] and 2 weeks of treatment. The UR was based on the 10/7/13 report 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 evaluation at [REDACTED], and two (2) weeks of treatment: Upheld

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

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

Decision rationale: According to the 10/7/13 report from [REDACTED] the patient presents with pain and discomfort in the neck and mid back. [REDACTED] requests a self-referral to his functional restoration program. [REDACTED] addresses item # (2) of the MTUS criteria, but does not address

items (1) and (3) through (6). MTUS states all criteria (1) through (6) must be met. The request is not in accordance with MTUS guidelines.