

Case Number:	CM13-0050874		
Date Assigned:	02/07/2014	Date of Injury:	03/01/2013
Decision Date:	05/08/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	11/13/2013

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 Internal Medicine, Pulmonary Diseases 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 49-year-old female who reported an injury on 03/01/2013. The mechanism of injury was not stated. Current diagnoses include lumbar disc displacement with myelopathy, lesion of the sciatic nerve, cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, bursitis and tendinitis of bilateral shoulders, rule out tear of the medial meniscus in bilateral knees, and bursitis of bilateral knees. The injured worker was evaluated on 12/12/2013. The injured worker reported persistent pain over multiple areas of the body. Physical examination revealed 2+ spasm and tenderness in bilateral paraspinal muscles, positive axial compression testing, positive shoulder depression testing, decreased right triceps reflex, 1+ spasm and tenderness in bilateral thoracic paraspinal muscles, 2+ spasm and tenderness to bilateral lumbar paraspinal muscles, positive Kemp's testing bilaterally, absent Achilles reflexes bilaterally, 2+ spasm and tenderness in bilateral shoulders, positive Speed's and supraspinatus testing, 2+ spasm and tenderness in bilateral lateral epicondyles, positive Cozen's testing bilaterally, 3+ tenderness and spasm in bilateral medial joint lines, positive varus testing, and positive McMurray's testing. Treatment recommendations at that time included a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT FUNCTIONAL RESTORATION THREE TIMES TWO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful. As per the documentation submitted, there is no indication of an exhaustion of conservative treatment with an absence of other options likely to result in clinical improvement. There is no evidence of an adequate and thorough evaluation. Therefore, the injured worker does not currently meet criteria for the requested service. As such, the request is non-certified.