

Case Number:	CM13-0059917		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2010
Decision Date:	06/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, 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 30 year old male whose date of injury is 04/19/2010. The injured worker lifted a door by himself and carried it 20 feet. Treatment to date includes left shoulder arthroscopy on 09/23/10, group psychotherapy, physical therapy, lumbar epidural steroid injection, and medication management. An MRI of the cervical spine dated 08/27/13 revealed mild diffuse disc bulge at C2-3, C3-4 and C4-5 without any significant central canal or neural foraminal narrowing. A discharge summary dated 11/06/13 indicates that the injured worker has completed 6 weeks of a functional restoration program. There is tenderness over the posterior cervical and lumbar paraspinal muscles. Medications are listed as Mirtazapine, Nexium, Diclofenac, Buprenorphine, Topamax, and Cymbalta. The injured worker noted up to 70% of reduction of anxiety and depression symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCFRP (FUNCTIONAL RESTORATION PROGRAM) X 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES-CHRONIC PAIN PROGRAMS, , 31-32

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT

GUIDELINES, CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), 30-32

Decision rationale: The submitted records indicate that the injured worker has completed 6 weeks of functional restoration program to date. The MTUS Chronic Pain Guidelines report that total treatment duration should generally not exceed 20 full-day sessions. MTUS Chronic Pain Guidelines note that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable gains to be achieved. There is no clear rationale provided to support exceeding this recommendation, and no reasonable gains to be achieved are provided. The request is not medically necessary and appropriate.