

Case Number:	CM13-0066146		
Date Assigned:	01/17/2014	Date of Injury:	06/30/2012
Decision Date:	06/06/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Taxes. 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 patient is a 50 year old female whose date of injury is 06/30/2012. The patient slipped and fell on a wet floor. Note dated 08/09/13 indicates that the patient complains of low back and bilateral lower extremity pain. The patient is status post bilateral L5-S1 lumbar epidural steroid injection on 03/05/13 which helped for about 1 month. QME dated 09/04/13 indicates that the patient has not worked since 04/01/13. The patient has been undergoing psychological treatment secondary to suicidal ideation. Diagnosis is listed as major depressive disorder, moderate. Visit note dated 10/18/13 indicates that there are no acute changes to her pain condition. Medications are listed as Butrans patch, Lovastatin, Tyrosine and Glipizide. Subacromial and bursal injections may be considered for her left shoulder pain. Epidural steroid injection may be considered. Ongoing psychological treatment has been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for functional restoration program is not recommended as medically necessary. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The most recent clinical note submitted for review indicates that the patient has been recommended for ongoing conservative treatment including shoulder injections, epidural steroid injection and psychological treatment. There is no pre-program mental health evaluation or functional capacity evaluation/PPE submitted for review to establish baseline levels of functioning as well as current versus required physical demand level. The request is nonspecific and does not indicate the frequency and duration of the requested treatment. Therefore the request is not medically necessary.