

Case Number:	CM13-0066197		
Date Assigned:	01/03/2014	Date of Injury:	04/18/2012
Decision Date:	04/09/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbar sprain and strain associated with an industrial injury date of April 18, 2012. Treatment date has included multiple epidural steroid injections, medications, home exercise program, physical therapy x12, chiropractic care, and an FCE. A utilization review from December 10, 2013 non-certified functional restoration program to include a pain management specialist, PT, and a psychologist and rheumatology consultation. Medical records from 2012 through 2013 were reviewed showing the patient complaining of frequent headaches, constant neck pain extending into the right upper extremity, and low back pain extending into the buttocks and bilateral legs. Physical exam has demonstrated tenderness and spasms of the neck musculature. The range of motion for the neck was noted to be limited. There were notable sensory deficits for the right upper extremity. Muscular strength was minimally decreased for the lower extremities. IMR

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM TO INCLUDE A PAIN MANAGEMENT SPECIALIST, PT AND A PSYCHOLOGIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs, and Chronic Pain Medical Treatment Guidelines Â§9792.24.2 Page(.

Decision rationale: According to pages 31-32 of the California MTUS chronic pain medical treatment guidelines and ODG pain chapter, functional restoration programs may be considered after an adequate and thorough multidisciplinary evaluation has been made as well as all conservative treatment options have been exhausted and the patient is not a surgical candidate. In this case, there was no indication that the patient has participated in a multidisciplinary evaluation nor has there been discussion concerning surgical ineligibility. Therefore, the request for functional restoration program to include a pain management specialist, PT, and a psychologist is not medically necessary.

RHEUMATOLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) ,2nd Edition, (2004) Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127, 156

Decision rationale: As stated in pages 127 and 156 of the California MTUS ACOEM independent medical examinations and consultations chapter, occupational health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex. Recommendations should be based on the available evidence. In this case, there was no documentation or discussion of rheumatological signs and symptoms in this patient. Therefore, the request for a rheumatology consultation is not medically necessary.