

Case Number:	CM13-0066477		
Date Assigned:	01/03/2014	Date of Injury:	07/19/2012
Decision Date:	05/19/2014	UR Denial Date:	11/14/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 46 year-old female who was injured on 7/19/12. Unfortunately, the current medical records provided for this IMR from the requesting physician, [REDACTED] are of extremely poor fax quality and are not legible even at 200% magnification. There is a 10/9/12 report from [REDACTED], who lists the diagnoses as lumbar strain, thoracic strain and cervical strain. There is also the 10/4/12 report from [REDACTED], that lists the areas of complaint as back, left shoulder, left side of the head, left knee and left foot. The report states the patient has some PT with improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION WITH HELP-HEALTH EDUCATION FOR LIVING WITH PAIN PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

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

Decision rationale: MTUS criteria for a functional restoration program states all of the criteria must be met, including: previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The only available records that are legible were from 2012, and the 10/4/12 report documents successful treatment with physical therapy. The patient has not failed PT, and therefore does not meet all of the MTUS criteria for a functional restoration program. From the evidence presented for review, the medical necessity of the request has not been established.