

Case Number:	CM13-0072308		
Date Assigned:	01/08/2014	Date of Injury:	11/14/2011
Decision Date:	04/24/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; electrodiagnostic testing of September 20, 2011, notable for a mild median neuropathy; topical compound; and psychotropic medications. In a Utilization Review Report of December 12, 2013, the claims administrator denied a request of an initial evaluation to consider a functional restoration program, citing non-MTUS Guidelines although the MTUS does address the issue at hand. The applicant's attorney subsequently appealed. In an appeal letter dated January 6, 2014, the attending provider stated that the applicant has failed multiple medication trials with Morphine, tramadol, BuTrans, ketamine cream, Lyrica, etc., as well as a TENS unit, physical therapy, facet injections, etc. It is stated that the applicant is not a surgical candidate. It is stated that the applicant has expressed interest in attending a functional restoration program and is motivated to improve. The attending provider seeks authorization for an initial evaluation to determine the applicant's candidacy or appropriateness for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION AT [REDACTED] FUNCTIONAL RESTORATION PROGRAM X 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation (ODG-TWC), Pain (Chronic), Multidisciplinary Pain Management Programs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain Page(s): 6.

Decision rationale: Yes, the proposed initial evaluation for a functional restoration program is medically necessary, medically appropriate, and indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary pain program should be considered. In this case, the attending provider has posited that the applicant is motivated to improve. The applicant is presently off of work. An initial evaluation to determine the applicant's suitability for a functional restoration program is indicated, given her host of medical and psychiatric issues and the fact that lesser levels of care have seemingly been tried and exhausted. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.