

Case Number:	CM14-0002795		
Date Assigned:	01/31/2014	Date of Injury:	12/15/2004
Decision Date:	06/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 patient is an employee of [REDACTED] and has submitted a claim for neck, bilateral shoulder, bilateral elbow, and low back pain associated with an industrial injury date of December 15, 2004. Treatment to date has included medications, physical therapy, chiropractic treatment, and acupuncture. Medical records from 2012-2013 were reviewed, which showed that the patient complained of constant neck, bilateral shoulder, bilateral elbow, and low back pain, rated 3-8/10, described as aching, cramping, dull, and stabbing. Pain was worse with lifting, bending, physical activity, stress, standing, twisting, and lack of sleep. Pain was better with sleep, rest, walking, and medications. Activity assessment showed that the patient could go out without assistance. On physical examination, gait was steady and was ambulatory without assistive devices. Extremities revealed no clubbing, no cyanosis, no edema, and no deformity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FULL TREATMENT IN A FUNCTIONAL RESTORATION PROGRAM: Upheld

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

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 , 9792.24.2, 31-32

Decision rationale: According to pages 31-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, the medical records provided for review failed to provide a thorough patient evaluation or baseline function testing. In addition, the latest medical note revealed that pain was improved with medications; thus, failure of conservative management was not established. The latest progress note also indicated that the patient could go out without assistance; thus, there was no loss of ability to function independently. There was also no discussion regarding other available treatment modalities including surgery and negative predictors of success were not addressed. The criteria were not met. As such, the request is not medically necessary.