

Case Number:	CM14-0123138		
Date Assigned:	08/08/2014	Date of Injury:	12/17/1991
Decision Date:	09/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and 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:

The injured worker is a 52-year-old female with an injury date of 12/17/1991. Based on the 07/14/2014 progress report, the patient complains of having pain and discomfort in her lower back, right leg, hip, right arm, and neck. There is decreased cervical and lumbar spine range of motion as well as myofascial trigger points in the cervical and paraspinal musculature. The 04/21/2014 report also indicates that the patient has increased stiffness and difficulty rotating her head. The patient is stressed and depressed due to her current condition and has been having increased nightmares. The patient's diagnoses include; cervical sprain/strain injury, thoracic sprain/strain injury, cervical disk injury, lumbosacral disk injury. The utilization review determination being challenged is dated 07/23/2014. Treatment reports were provided from 10/14/2013 - 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration program).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: Based on the 07/14/2014 progress report, the patient presents with pain in her lower back, right leg, hip, right arm, and neck. The request is for a functional restoration program evaluation. The MTUS guidelines recommend a functional restoration program for chronic pain. A 2-week program is recommended if all the criteria are met. In this case, the request is for an evaluation to determine the patient's candidacy for a functional restoration program. Given the patient's chronic low back, leg, hip, arm, neck pain, this request is considered medically necessary.