

Case Number:	CM14-0152691		
Date Assigned:	09/22/2014	Date of Injury:	05/25/2012
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation 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 56 year old female with a 5/25/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/31/14 noted subjective complaints of neck, back, and shoulder pain. Objective findings included unremarkable examinations of the cervical, thoracic, lumbar, bilateral shoulders, wrists, hips, bilateral knees. Diagnostic Impression: cervical/thoracic/lumbar spine disc protrusion, shoulder impingement syndrome, patellar tendinitis. Treatment to Date: medication management, acupuncture, chiropractic, physical therapy. A UR decision dated 8/15/14 denied the request for functional restoration program evaluation (interdisciplinary consultation). There were many complaints, but no physical exam abnormalities. There was no information provided that would indicate how long the patient has been out of work or if the patient had a job to return to.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration Program Evaluation (Interdisciplinary Consultation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, there is no documentation of failure of conservative measures. Additionally, there are no physical exam abnormalities documented to substantiate the requested consultation. Therefore, the request for functional restoration program evaluation (interdisciplinary consultation) was not medically necessary.