

Case Number:	CM14-0153432		
Date Assigned:	09/23/2014	Date of Injury:	12/10/2012
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 applicant is represented [REDACTED] employee, who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of December 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for functional restoration program evaluation. The claims administrator suggested that the applicant consider work conditioning in lieu of the proposed functional restoration program evaluation. The claims administrator did not invoke any guidelines in its rationale, but did allude to earlier cervical, thoracic, and lumbar MRIs of July 28, 2014, which were essentially negative. The claims administrator stated the applicant had completed six sessions of physical therapy, unspecified amounts of manipulative therapy, and 12 sessions of acupuncture. On July 23, 2014, the applicant was given a rather proscriptive 15-pound lifting limitation. It was not clearly stated whether or not the applicant was working with said limitations in place. On June 16, 2014, the applicant presented with multifocal pain complaints. MRI imaging of various body parts was sought. On July 28, 2014, the applicant was placed off of work, on total temporary disability. It was stated that the applicant would benefit from a comprehensive rehabilitation program, which included aerobic exercises, core strengthening and psychological help. It was stated that the goal was to return the applicant to some form of gainful employment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 treatment via a multidisciplinary pain management program should be "considered." In this case, the attending provider has posited that the applicant is prepared to try and improve. The attending provider has posited that the applicant is intent on returning to gainful employment. An evaluation for admission for treatment in multidisciplinary pain management program should therefore be considered. Accordingly, the request is medically necessary.