

Case Number:	CM14-0154954		
Date Assigned:	09/25/2014	Date of Injury:	05/09/2013
Decision Date:	10/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 47-year-old female who reported an injury on 05/09/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included myalgia and myositis and low back pain. Previous treatments include physical therapy and medication. Within the clinical documentation dated 07/10/2014, it was reported the injured worker has completed her physical therapy. The provider noted the injured worker had a strong desire to return to work. The request submitted is for a [REDACTED] evaluation. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM Page(s): 30-32.

Decision rationale: The request for [REDACTED] evaluation is not medically necessary. The California MTUS Guidelines indicate that Functional Restoration Program is recommended for

patients with conditions that put them at risk of delayed recovery. The criteria for entry into a Functional Restoration Program includes an adequate and thorough evaluation that has been made including baseline functional testing, so followup with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resultant from the chronic pain, documentation that the patient is not a candidate for surgery or other treatment would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change and negative predictors of success have been addressed. Additionally, it indicates that the treatment is not suggest for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is lack of documentation indicating the provider had performed baseline functional testing to allow for followup testing for functional improvement. Additionally, the patient failed to document the number of sessions the injured worker is to undergo. Therefore, the request is not medically necessary.