

Case Number:	CM14-0169107		
Date Assigned:	10/17/2014	Date of Injury:	01/14/2004
Decision Date:	11/19/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 65 year old female whose date of injury is 01/14/2004. The mechanism of injury is described as cumulative trauma while working as a secretary. Diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, lumbar myofascial pain, chronic pain syndrome, pain disorder associated with both psychological factors and a general medical condition and bipolar disorder. The injured worker's history is significant for cervical discectomy and fusion at C4-5 in 1999. Treatment to date includes epidural steroid injections, acupuncture, physical therapy and medication management. Office visit note dated 08/08/14 indicates that current medications are Norco, Zanaflex, Actonel, Ambien, Wellbutrin, Lorazepam, Synthroid, OsCal, Abilify, Cymbalta, Altace, Atenolol, Zetia and hydrochlorothiazide. Multidisciplinary evaluation dated 09/05/14 indicates that the injured worker is experiencing ongoing substantial levels of family stressors. The injured worker has benefited from a functional restoration program in the past but continued to take medications after completion of the program. The prior utilization review dated 9/24/14, denied the request for Functional Restoration Program for 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 10 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 30-32/127.

Decision rationale: The injured worker sustained injuries over 10 years ago. MTUS guidelines do not generally recommend functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. Also, the injured worker participated in a functional restoration program in the past but did not receive long term benefit. Therefore, medical necessity for this request is not established in accordance with MTUS guidelines.