

Case Number:	CM14-0021915		
Date Assigned:	05/09/2014	Date of Injury:	01/18/2013
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pain Management 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 patient with a date of injury of 1/18/13. A utilization review determination dated 2/13/14 recommends non-certification of an initial functional restoration program. 3/10/14 medical report identifies unspecified pain and discomfort. On exam, there was a positive SLR and decreased LS ROM. 2/3/14 medical report identifies pain and discomfort in the left shoulder and low back. On exam, there was positive SLR and decreased LS ROM. The provider recommended evaluation for a functional restoration program as she is not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (Effective July 18, 2009) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for an INITIAL FUNCTIONAL RESTORATION PROGRAM, California MTUS supports chronic pain programs/functional restoration programs when: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; Previous methods of treating

chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the documentation available for review, the patient was noted to have ongoing pain and discomfort in the left shoulder and low back with a positive SLR and decreased LS ROM on exam. The provider noted that the patient is not a surgical candidate. However, there is no documentation that: An adequate and thorough evaluation has been made; 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 resulting from the chronic pain; Motivation to change and willingness to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success having been addressed. Furthermore, an open-ended request without a specified number of days, hours, etc., is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested initial functional restoration program is not medically necessary.