

Case Number:	CM14-0025980		
Date Assigned:	06/13/2014	Date of Injury:	05/01/2013
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty 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 42 year old male who reported a work related injury on 05/01/2013 as an Operator Assistance on a drilling machine ([REDACTED]). The injured worker was pinned between the metal brace and concrete wall momentary. Primary complaint was the neck back buttock left hip, left knee and left ankle. Medications: Tramadol and Tylenol#3 for pain control. On 03/20/2014 it was noted a decreased cervical range of motion. There is tenderness to palpation in the back region. There is positive straight leg raising test of legs. Current diagnosis is bilateral knee sprain/strain injury, bilateral ankle sprain/strain injury, lumbosacral sprain/strain injury and Myofascial pain syndrome. The injured worker does have finding of left S1 lumbosacral radiculopathy with persistent low back and left leg pain and is referred for EMG and nerve conduction study. Request for the authorization and rational for the request were not provided within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAM (FUNCTIONAL RESTORATION PROGRAM) Page(s): 30-31.

Decision rationale: The request for 1 initial evaluation for functional restoration program is not medically necessary, The California Medical Treatment Utilization Schedule (MTUS) guideline states there is little scientific evidence for the effectiveness of multidisciplinary, biopsychosocial rehabilitation compared with other rehabilitation facilities for neck, and shoulder pain. The documentation submitted for review did not support that all lower levels of conservative care have been exhausted. There was no rationale to document exceptional factors to warrant exceeding guidelines. As such the request is not medically necessary.