

Case Number:	CM14-0026873		
Date Assigned:	06/13/2014	Date of Injury:	10/09/2008
Decision Date:	07/21/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Interventional Spine 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 patient is a 60 year old with an injury date on 10/9/2008. The exam showed "range of motion in left shoulder limited, and flexion 50% of normal. Myofascial trigger points noted in trapezius, levator scapulae muscles, rhomboid muscles on left and right side. C-spine range of motion limited secondary to pain to 70% of normal on left lateral rotation and extension. Decreased sensation to light touch in medial arm/forearm." [REDACTED] is requesting interdisciplinary evaluation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS recommends multidisciplinary pain management programs when (1) an adequate and thorough evaluation has been made (2) Previous methods of treating

chronic pain have been unsuccessful (3) The patient has significant loss of function from chronic pain (4) The patient is not a candidate for surgery (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. In this case, the patient has undergone conservative treatment and has not worked in nearly 5 years and the treating physician has asked for an evaluation for FRP. The patient was functioning at a high functional level in the past prior to losing his job and it is not known why the patient has not worked in a number of years. An evaluation may be appropriate to determine the patient's candidacy for FRP. The request is thus medically necessary.