

Case Number:	CM14-0034830		
Date Assigned:	06/20/2014	Date of Injury:	12/16/2009
Decision Date:	07/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 and is licensed to practice in Texas. 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 54 year old female whose date of injury is 12/16/09. The mechanism of injury is not described. Progress report dated 05/16/14 indicates that medications include tramadol, Advil/Tylenol, Zolof, Lidoderm patches and Gabapentin. The injured worker reports no change since last visits. Injured worker feels more depressed. Diagnosis is cervical radiculopathy. Injured worker feels weak on her left side. Injured worker is unable to put weight on the left side. The left arm is numb. On physical examination left arm reveals reflexes are normal. There is no atrophy of muscles. The injured worker is walking with a mild limp in the office, but walks better outside the office when observed at a distance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for functional restoration program is not recommended as medically necessary. There is no comprehensive

assessment of treatment completed to date or the injured worker's response thereto submitted for review to establish that the injured worker has failed lower levels of care. The injured worker's date of injury is over 4 years old. California Medical treatment Utilization Schedule (CA MTUS) guidelines generally do not recommend functional restoration program for injured workers who have been continuously disabled for greater than 24 months. There is no indication that the injured worker has undergone a pre-program functional capacity evaluation or mental health evaluation as required by CA MTUS guidelines.