

Case Number:	CM14-0042227		
Date Assigned:	06/30/2014	Date of Injury:	05/08/2012
Decision Date:	08/19/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/09/2014

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 Nevada. 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 40 year-old female who was reportedly injured on May 8, 2012. The mechanism of injury is not listed in the records provided for review. The most recent progress note dated February 27, 2014, indicated that the injured employee has completed a functional restoration program. It was also noted that the injured employee had resigned from her position and was currently not working. There were ongoing complaints of neck and upper extremity pains. The physical examination was not reported. Diagnostic imaging studies were not reviewed. Electrodiagnostic studies were reported as normal. Previous treatment included a functional restoration protocol and multiple medications. A request had been made for a functional restoration protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Chronic Pain Programs Page(s): 30-34.

Decision rationale: The records reflect that a functional restoration program has been completed. While noting there were ongoing complaints of pain, and that the injured employee requested acupuncture, and the multiple medications have been prescribed, there was no clinical indication presented to repeat this protocol. As outlined in the California medical Treatment Utilization Schedule, this protocol can be recommended. However, it was completed. As such, there was no data to suggest a medical necessity of such a repeat endeavor. Therefore, [REDACTED] [REDACTED] Functional Restoration Program six (6) sessions is not medically necessary.