

Case Number:	CM14-0046695		
Date Assigned:	07/02/2014	Date of Injury:	10/25/2010
Decision Date:	08/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgery, 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 records presented for review indicate that this 50-year-old individual was injured on 10/25/10. The mechanism of injury was not listed in the records provided for review. The most recent progress note, dated 2/11/14, indicated that there were ongoing complaints of neck pain, bilateral upper extremity pain, and low back pain. Physical examination demonstrated reversal of lumbar curvature and sitting, protracted shoulder and forward head positioning in standing, positive tenderness to palpation of the iliolumbar region, gluteus maximus, gluteus medius, and piriformis. There was also tenderness of the cervical and posterior upper musculature. Cervical and lumbar range of motion were limited. Shoulder range of motion was limited. Bilateral lower extremity muscle strength was diminished 3+/5. Deep tendon reflexes were 2+ throughout the bilateral lower extremities, and 1+ throughout the bilateral upper extremities. Bilateral upper extremity sensation was intact to light touch. No recent diagnostic studies are available for review. Previous treatment included physical therapy, medications, and conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 5days a week/6 hours a day 10days/2 weeks: 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: Outpatient pain rehabilitation programs may be considered medically necessary when certain criteria are met. After reviewing the medical records provided, there was not significant documentation concerning the injured worker's current status to qualify for this program. There was no determination of unsuccessful previous methods of treating chronic pain, baseline function testing, and significant loss of ability to function independently secondary to chronic pain; therefore, the injured worker does not meet criteria for a Functional Restoration Program. As such, this request is deemed not medically necessary.

Interpreter: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Hotel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Transportation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.