

Case Number:	CM14-0050199		
Date Assigned:	07/07/2014	Date of Injury:	10/07/2005
Decision Date:	08/06/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 46 year old female with an injury date of 10/07/05. Based on the 03/14/14 progress report provided by [REDACTED] the patient complains of low back pain, left knee pain, and bilateral wrist pain. The 10/28/13 report states that the patient's back is bothering her, like a sharp needle, near right-middle lower back, and radiates to the lateral right side. The patient's diagnoses include the following: Chronic lumbar strain, Chronic lumbar facet syndrome, Chronic bilateral wrist strains, Chronic left knee strain, and Possible left knee Baker's cyst. The physician is requesting for a multidisciplinary consultation for candidate for a FRP. The utilization review determination being challenged is dated 04/10/14. The rationale is that the patient has already returned to full duty. The requesting provider, provided treatment reports from 04/10/13- 04/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

A multidisciplinary consultation to determine eligibility for a Functional Restoration Program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 49 has the following regarding functional restoration program.

Decision rationale: According to the 03/14/14 report by [REDACTED] the patient presents with low back pain, left knee pain, and bilateral wrist pain. The request is for a multidisciplinary consultation for candidate for a FRP. MTUS guidelines page 49 recommends functional restoration programs for chronic pain. A 2 week program is recommended if all of the criteria are met. In this case, the request is for an evaluation to determine the patient's candidacy for a functional restoration program. Given the patient's chronic pain, recommendation is for authorization of the requested evaluation.