

Case Number:	CM14-0071657		
Date Assigned:	07/16/2014	Date of Injury:	02/01/2008
Decision Date:	09/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 records presented for review indicate that this 51-year-old female was reportedly injured on February 1, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 10, 2014, indicates that the injured employees doing well at the present time and is feeling less depressed. It was stated that the injured employee would like to return to work and should be clear to do so in January 2014. The physical examination noted that the injured employee is engaged in conversation with positive responses and is able to transfer from sit to stand without assistance or guarding. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a liver transplant. A request had been made for a multidisciplinary evaluation for a functional restoration program and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation for a functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34 of 127.

Decision rationale: Amongst the criteria for the general use for multidisciplinary pain management program includes that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. A review of the attached medical record indicates that it has been over six years since the employee's stated date of injury. There appears to be no documentation regarding other previous methods of treating the injured employee's chronic pain issues or that these methods have been unsuccessful. Additionally it is not stated that any other programs are treatment options are likely to result in significant clinical improvement. Considering this, this request for a multidisciplinary evaluation for a functional restoration program is not medically necessary at this time.