

Case Number:	CM14-0083137		
Date Assigned:	07/21/2014	Date of Injury:	01/22/2003
Decision Date:	09/17/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 63 year old female whose date of injury is 01/22/2003. A client grabbed her left arm and yanked it all the way back and she injured her neck and left upper extremity. Treatment to date includes diagnostic testing, cervical epidural steroid injections, physical therapy and medication management. Progress note dated 04/29/14 indicates that chronic problems include adjustment disorder with anxiety, degenerative disc disease cervical, pain in thoracic spine, myalgia and myositis unspecified, chronic pain syndrome, facet arthropathy, cervical spondylosis with myelopathy, cervical radiculopathy, degenerative disc disease lumbar, neck pain, spinal stenosis of lumbar region, depression and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program for consult: 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 pain program (functional restoration program) Page(s): 30-32.

Decision rationale: The injured worker's date of injury is over 11 years old. California Medical Treatment Utilization Schedule guidelines generally do not recommend functional restoration

programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. There is no indication that the injured worker has received any recent active treatment. The injured worker has recently reported suicidal ideation. The injured worker is currently taking a significant amount of opiate medications, in excess of recommendations. Based on the clinical information provided, the request for 1 functional restoration program for consult is not recommended as medically necessary.

1 Consultation with Dr. [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Dr. [REDACTED] runs the functional restoration program. Given that the concurrent request for functional restoration program consultation is not medically necessary, and the injured worker has been determined not to be an appropriate candidate for the program, the medical necessity of the requested consultation is not established. Based on the clinical information provided, the request for consultation with Dr. [REDACTED] is not recommended as medically necessary.