

Case Number:	CM14-0198862		
Date Assigned:	12/09/2014	Date of Injury:	07/30/2007
Decision Date:	01/27/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 60-year-old gentleman with a date of injury of 01/01/2001. A functional restoration program team report dated 10/20-10/31/2014 identified the mechanism of injury as cumulative trauma, resulting in the lower back, neck, shoulders, and wrists. This report and treating physician notes dated 08/28/2014 indicated the worker was experiencing lower back pain that went into both legs, thigh numbness, neck heaviness and pain, pain in both shoulders, and pain in the right fourth and fifth trigger fingers. Documented examinations consistently described tenderness in the upper and lower back with spasm; abnormal sensation along the left L4-S1 spinal nerve paths; positive testing involving raising each straightened leg; and decreased motion in the lower back joints, hips, knees, and ankles. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, lumbosacral neuritis, lumbosacral disk degeneration, lumbar spinal stenosis, and obesity. Treatment recommendations included a functional restoration program, TENS, and weaning of oral pain medications. A Utilization Review decision was rendered on 10/27/2014 recommending non-certification for 10 days of hotel accommodation.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Days of hotel accommodation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Chronic pain programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: A functional restoration program (FRP) is a type of interdisciplinary pain program specifically tailored for those with chronic disabling occupational musculoskeletal disorders. The focus is to maximize function rather than eliminate pain. While additional quality research is needed, the MTUS Guidelines recommend this treatment. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into both legs, thigh numbness, neck heaviness and pain, pain in both shoulders, and pain in the right fourth and fifth trigger fingers. There was no discussion suggesting the worker was unable to self-transport or detailing extenuating circumstances that would support this request. In the absence of such evidence, the current request for 10 days of hotel accommodation is not medically necessary.