

Case Number:	CM14-0200803		
Date Assigned:	12/11/2014	Date of Injury:	03/08/2013
Decision Date:	02/25/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This individual is a 43-year old male who sustained an industrially related injury on March 3rd 2013 involving his left elbow, neck and low back (with radicular symptoms). He has ongoing complaints of; neck, low back and left elbow pain. Physical examination notes from the provided record detail tenderness to palpation of the left lateral epicondyle, the cervical and lumbar paraspinal regions. The examination notes describe normal (not defined) muscular strength throughout and no ataxia or other focal neurological signs. This request is for an evaluation for a functional restoration program to allow for better pain control and increased occupational functionality. Prior utilization review denied evaluation due to lack of prior conservative attempts at pain control and possibility of a surgical option.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Programs Page(s): 42,49.

Decision rationale: MTUS states: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result insignificant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case; criteria 1 is to be met by this requested evaluation, ongoing chronic pain and documented limitation of function and occupational pursuit meet criteria 2 and 3, the individual has been assessed for surgical options and found to not be a candidate at this time (4), and criteria 5 and 6, as with criteria 1, will be determined by the requested evaluation. As such, I am reversing the earlier decision and find the request for an evaluation for a functional restoration program to be medically necessary.