

Case Number:	CM14-0048672		
Date Assigned:	06/25/2014	Date of Injury:	02/01/2012
Decision Date:	05/01/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 42 year old female, who sustained an industrial injury on February 1, 2012. She reported striking her ride side of her buttocks on the steering wheel while working as a valet, with low back pain. The injured worker was diagnosed as having pain disorder with a general medical condition and psychological factors, depressive disorder, anxiety disorder, lumbosacral strain, lumbar spondylosis and stenosis, cervical strain, and cervical spondylosis. Treatment to date has included physical therapy, lumbar epidural steroid injection (ESI), chiropractic treatments, and medication. Currently, the injured worker complains of low back pain, depression, and anxiety. The Primary Treating Physician's report dated March 5, 2014, noted the injured worker's current medications as Pantoprazole, Capsaicin cream, Topamax, and Nabumetone. The injured worker was noted to have a slightly antalgic gait, with positive facet loading and tenderness at the lumbosacral junction. The Physician noted the injured worker had failed conservative treatment and presents with a significant pain problem that was accentuated not only by physical deconditioning, but also by insomnia and psychological comorbidities. The Physician noted the request for authorization of the [REDACTED] Functional restoration Program for 160 hours of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial [REDACTED] Functional Restoration Program for 160 hours related to symptoms of cervical spine injury as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://acoempracguides.org/Cervical> and Thoracic Spine, <https://acoempracguides.org/Chronic Pain>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: Guidelines state functional restoration programs are designed to use a medically directed inter-disciplinary pain management approach for patients with chronic disabling occupational musculoskeletal disorders. Treatment is not suggested for over 2 weeks without demonstrated evidence of efficacy. In this case, the patient has had multiple conservative therapies and no surgery evaluation of the cervical spine. There is no documentation of outpatient active or passive therapy on the cervical spine. There is no documentation of failure of all previous treatments including additional psychological and manual therapies. Since the patient has not exhausted all other therapies for the cervical spine, the request for functional restoration program x 160 hours is not medically appropriate and necessary.