

Case Number:	CM15-0144333		
Date Assigned:	08/05/2015	Date of Injury:	05/29/2014
Decision Date:	09/29/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/24/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old male, who sustained an industrial injury on May 29, 2014. He reported headache and dizziness. The injured worker was diagnosed as having headaches and neck sprain. Treatment to date has included MRI and medication. Currently, the injured worker complains of headaches that are described as dull and constant accompanied by intermittent spikes of sharp pain. He reports symptoms of depression and memory loss. The injured worker is currently diagnosed with mild traumatic brain injury, post-concussion headaches, cervical degenerative disc disease, depression and anxiety. His work status is temporary total disability. A note dated January 13, 2015, states the injured worker was unable to tolerate Neurontin. A progress note dated June 8, 2015, states the injured worker is compliant with his medication regimen and experiences efficacy. A comprehensive multidiscipline assessment for APM-FRP is requested to provide the injured worker with improved coping mechanisms and decreased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive multidiscipline assessment for APM-FRP: 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 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. A two-week trial is recommended with additional treatment after demonstrating both patient-reported and objective improvement. The submitted and reviewed records indicated the worker was experiencing headaches, problems with memory, and anxious and depressed moods. There was no discussion detailing the worker's decreased function, reporting a musculoskeletal disorder, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a comprehensive multidiscipline assessment for a APM-FRP is not medically necessary.