

Case Number:	CM15-0147435		
Date Assigned:	08/10/2015	Date of Injury:	06/22/2012
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 39-year-old female who sustained an industrial injury on 06-22-2012. Mechanism of injury occurred when she was partially seated in her chair and it started to roll, she tensed up to avoid falling. She had a previous injury to her lower back on 06-20-2010. Diagnoses include cervical sprain-strain, lumbosacral sprain-strain injury, and myofascial pain syndrome; flare up of low back and leg pain, and right median and left ulnar neuropathy. Treatment to date has included diagnostic studies, psychotherapy, acupuncture, a functional restoration program in 2013, and medications. She is working. A physician progress note dated 07-07-2015 documents the injured worker complains of neck and low back pain and discomfort. On examination she has decreased cervical and lumbosacral range of motion, myofascial trigger points in the cervical and lumbosacral paraspinal muscles. The treatment plan includes continuation of home exercise program, and body massage, and continuation of Celebrex. Treatment requested is for FRP Evaluation, and FRP Treatment, therapeutic exercise and conditioning, ten sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-34.

Decision rationale: CS MTUS recommends chronic pain programs, including functional restoration programs (FRP) for patient who meets certain criteria. This request did not address any of the criteria (see pages 31-32) required for an FRP evaluation. No baseline functional testing was submitted. It appears that the patient has no significant loss of functionality and most of her pain appears to be due to "flares." She is performing a home exercise program, which she states is helpful. There are no indicators that she cannot function adequately since she is working full time as a police officer. The medical necessity of an FRP evaluation is not necessary.

FRP Treatment, therapeutic exercise and conditioning, ten sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 - 34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs.

Decision rationale: CA MTUS Guidelines recommends chronic pain programs, including functional restoration programs (FRP), for patient who meets certain criteria. In this request none of the criteria have been addressed (pages 30-31). This patient has no significant loss of functionality and most of her pain appears to be "flares." The patient is performing a home exercise program, which she states is helpful. There are no indicators that she cannot function adequately independently, since she is able to work full-time as a police officer. Thus, there is no medical necessity established for this request of FRP treatment, therapeutic exercises and conditioning.