

Case Number:	CM15-0163483		
Date Assigned:	09/21/2015	Date of Injury:	12/10/2013
Decision Date:	10/28/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60-year-old female, who sustained an industrial injury on December 10, 2013. She reported neck and back pain with pain radiating to the left leg and spasms in bilateral legs. The injured worker was diagnosed as having low back pain, myofascial pain, myositis and posttraumatic stress disorder. Treatment to date has included medications and work restrictions. Currently, the injured worker continues to report neck and back pain with pain radiating to the left leg and spasms in bilateral legs and associated locking in the back, numbness, tingling and urinary urgency. She also noted poor sleep secondary to pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on July 13, 2015, revealed continued pain as noted. Current medications included Cymbalta, Nortriptyline, Ativan and Seroquel. It was noted she had tenderness to palpation of the cervical and lumbar musculature as well as decreased range of motion on the cervical and lumbar spine. Her status was noted as temporarily totally disabled. The RFA included a request for an evaluation for a functional restoration program and was non-certified on the utilization review (UR) on August 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: A functional restoration program is considered a tertiary treatment after other options including surgery or conservative treatments have been exhausted. MTUS patient selection criteria for functional restoration programs include the following: "(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 in significant 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." Although this injury is approximately 2 years old, there is minimal documentation concerning previous treatments and response to previous care. The submitted documentation does not establish that MTUS criteria 2 & 4, are met, and therefore medical necessity is not established for consideration of a functional restoration program at this point in care. This request is not medically necessary.