

Case Number:	CM15-0189053		
Date Assigned:	10/01/2015	Date of Injury:	03/09/2014
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial injury on March 09, 2014. A recent primary treating office visit dated September 09, 2015 reported subjective complaint of: "neck pain, upper back pain, lower back pain, left shoulder pain, right shoulder pain, and left knee pain." The pain is characterized as "aching, burning, and numb." "It radiates to the neck." The pain is described as "moderate." The patient states;" to not have any relief from the cervical epidural steroid injection." He states: "that medications are helping." Current medications consisted of: Flexeril, Naproxen sodium, Pantoprazole, and Tramadol ER. The following diagnoses were applied to this visit: cervicalgia, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and sleep disturbance not otherwise specified. The following were refilled this visit: Flexeril, and Naproxen Sodium. The plan of care noted: "patient reports minimal relief with LESI and CESI injections." There is recommendation to continue with physical therapy with note of additional sessions along with cervical epidural injections; patient "is a good candidate for the functional restoration program, initial evaluation." The patient would like to try a trial of TENS unit. Pain management follow up dated January 12, 2015 reported "unchanged subjective complaint." Current medications consisted of: Flexeril, Fenoprofen, Omeprazole, and Ultracet. There is not of "the patient may be a good candidate for the functional restoration program if he is not a surgical candidate." On September 11, 2105 a request was made for a functional restoration program evaluation be performed that was noncertified by Utilization Review on September 16, 2015.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty chapter.

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

Decision rationale: The claimant sustained a work injury in March 2014 when he had neck and low back pain while loading a refrigerator up stairs. The requesting provider saw him on 09/09/15. He was having neck, upper back, and lower back pain, and bilateral shoulder and left knee pain. Medications were helping. Prior treatments had included physical therapy, which had been effective for a short period of time. Physical examination findings included ambulating without an assistive device and he had a normal gait. There was decreased and painful cervical and lumbar spine range of motion with negative facet loading. There was tenderness over the upper trapezius and rhomboid muscles. There was decreased and painful shoulder range of motion with negative impingement testing. There was decreased lower extremity strength and sensation. Additional physical therapy had been authorized and the claimant was to schedule an appointment. He wanted to try TENS and a trial of use was requested. Authorization was also requested for trigger point injections. In terms of a Functional Restoration Program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, physical therapy and a trial of TENS are pending and trigger point injections have been requested. The presence of chronic disabling pain with loss of independent function is not documented. A Functional Restoration Program evaluation is not medically necessary at this time.