MAXIMUS Federal Services

Case Number:	CM15-0203754		
Date Assigned:	10/20/2015	Date of Injury:	01/21/2014
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/16/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 58 year old female, who sustained an industrial injury on 1-21-2014. The injured worker is undergoing treatment for: lumbar sprain, neck sprain, and thoracic sprain. On 5-12-15, she reported her pain level as 6 out of 10 to the neck, upper, mid and low back. On 9-15-15, she reported pain to the neck, mid and low back. She rated her pain 7 out of 10, described it as sharp and burning, and with radiation into the trapezius, lateral shoulders, down her legs, and into the inguinal region bilaterally. She indicated her pain was worsened with prolonged activity such as standing. Objective findings revealed tenderness in the neck and trapezius, normal cervical range of motion, negative spurling test, tenderness in the upper and mid thoracic, normal thoracic range of motion, normal bilateral shoulder range of motion, tenderness in the bilateral shoulders, tenderness in the low back, and positive bilateral straight leg raise test, non-antalgic gait, and tenderness in the inguinal region and trochanter region with decreased range of motion to the hips. Tramadol is noted as "will be discontinued". The treatment and diagnostic testing to date has included: heat, medications, and magnetic resonance imaging (body part and date of service unclear), x-rays of thoracic spine (2008), multiple sessions of physical therapy. Medications have included: Mobic, omeprazole. Current work status: restricted. The request for authorization is for: functional restoration program evaluation. The UR dated 10-1-2015: non - certified the request for functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program Qty 1: Overturned

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

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

Decision rationale: MTUS states regarding the general use of multidisciplinary pain management programs:(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. The available medical record includes information not available to the originally reviewer wherein the treating physician notes failure of medication regimens and physical therapy as well as a past surgical evaluation where the IW was determined to not be a surgical candidate. Which would support an evaluation for entry into a program. The request is non-specific but is assumed to be a request for evaluation for entry into an FRP. So, I am reversing the prior review decision and find the request for evaluation for functional restoration program to be medically necessary.