

Case Number:	CM15-0020871		
Date Assigned:	02/11/2015	Date of Injury:	11/18/2004
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old male, who sustained an industrial injury on 09/03/2002. He has reported subsequent low back and neck pain and was diagnosed with cervical and lumbar disc displacement, cervical spinal stenosis and pain in shoulder joint. Treatment to date has included oral pain medication, epidural steroid injections, physical therapy, acupuncture and chiropractic treatment . In a progress note dated 11/21/2014, the injured worker complained of headaches. Objective physical examination findings were notable reduced lower extremity motor strength. The physician noted that the injured worker had failed conservative treatment and that the injured worker was not a surgical candidate. The physician indicated that the injured worker might benefit from a functional restoration program and submitted a request for authorization. On 01/12/2015, Utilization Review non-certified a request for initial evaluation at the [REDACTED] Functional Restoration Program, noting that guidelines for functional restoration program were not met. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation at the [REDACTED] Functional Restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration Program.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional restoration program <http://www.odg-twc.com/>

Decision rationale: According to ODG guidelines, functional restoration program < Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." This study concluded that an interdisciplinary functional restoration program (FRP) is equally effective for patients with chronic upper extremity disorders, including the elbow, shoulder and wrist/hand, as for patients with lumbar spine disorders, regardless of the injury type, site in the upper extremity, or the disparity in injury-specific and psychosocial factors identified before treatment. (Howard, 2012) See the Chronic Pain Chapter for the specific ODG Criteria highlighted in blue, for the use of multidisciplinary pain management programs>There is no documentation that the patient condition required a restoration program. There is no documentation of the outcome of previous use of functional restoration program and physical therapy and the need for more programs is not clear. Therefore, the request for is not medically necessary.