

Case Number:	CM15-0023838		
Date Assigned:	02/13/2015	Date of Injury:	05/29/2009
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, California
 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 56 year old male, who sustained an industrial injury on May 29, 2009. He has reported a repetitive motion injury. The diagnoses have included cervical herniated disc and lumbar herniated disc. Treatment to date has included diagnostic studies, medications, lumbar epidural steroid injection, physical therapy, trigger point injections, TENS unit, acupuncture and walker. Physical therapy sessions resulted in mild functional improvement. Medications provided minimal reduction of pain and no increase in function. Currently, the injured worker complains of pain at the neck, both shoulders, elbow, back and both hands. Activities increased his bilateral shoulder pain. His chronic lumbar spine pain increased with ambulation and prolonged sitting or standing. He complains of weakness in his upper extremities. Cervical spine range of motion was flexion 40 degrees, extension 40 degrees, left and right lateral flexion both 20 degrees and left and right rotation both 70 degrees. Lumbar spine range of motion was flexion 40 degrees, extension 10 degrees, right and left lateral flexion both 20 degrees and right and left rotation both 20 degrees. Straight leg test was positive. On January 8, 2015, Utilization Review non-certified a One-Day Multidisciplinary Evaluation for Functional Restoration Program, noting the CA MTUS Guidelines. On February 9, 2015, the injured worker submitted an application for Independent Medical Review for review of One-Day Multidisciplinary Evaluation for Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation at [REDACTED] for functional restoration:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain/multidisciplinary pain programs. Page(s): 31-32.

Decision rationale: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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. In this case, the claimant had undergone conservative therapy including pain management, physical therapy and routine office visits for follow-up. The physician's goal was to avoid unnecessary surgery. The claimant is motivated to work and is afraid that if he doesn't improve he will be unable to support his family. The request for a multidisciplinary evaluation for FRP is appropriate and medically necessary.