

Case Number:	CM15-0033695		
Date Assigned:	02/27/2015	Date of Injury:	03/08/2013
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Illinois

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 43-year-old male, who sustained an industrial injury on March 8, 2013. He has reported injury following a 10-foot fall off a roof. The diagnoses have included cervical spondylosis, lumbar sprain/strain, neck sprain, and lumbar disc displacement without myelopathy. Treatment has included imaging, electrodiagnostic studies, psychological evaluation, medications, chiropractic treatment, physical therapy, and biofeedback. Currently, the IW complains of reduced activity tolerance, unable to stand or walk for prolonged periods due to pain in the low back with radiation into the left buttock. Physical findings are noted as no acute distress, tenderness in the neck muscles, full cervical spine range of motion, and lumbar spine pain at the lumbosacral area with tenderness noted on the left. The lumbar range of motion: flexion 70 degrees, extension 10 degrees, lateral tilt 25%, and normal range of motion of the left elbow. A magnetic resonance imaging of the cervical spine on January 22, 2014, is reported to reveal spurring. A magnetic resonance imaging of the left elbow on January 22, 2014, reveals interstitial tear at the common extensor tendon. A magnetic resonance imaging of the lumbar spine on May 28, 2013, reveals disc protrusion. On February 9, 2015, Utilization Review non-certified Northern California Functional Restoration Program for 160 hours. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Northern California Functional Restoration Program for 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 160 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The injured worker sustained a work related injury on March 8, 2013. The medical records provided indicate the diagnosis of cervical spondylosis, lumbar sprain/strain, neck sprain, and lumbar disc displacement without myelopathy. Treatment has included psychological evaluation, medications, chiropractic treatment, physical therapy, and biofeedback. The medical records provided for review do not indicate a medical necessity for Functional Restoration Program for 160 hours. Although the request has been reduced to an initial 80 hours in line with the MTUS, the MTUS recommends that all the criteria for outpatient pain rehabilitation programs be met before initiating a multidisciplinary pain management programs like functional restoration program. The records indicate the injured worker has not worked since 2013, he is very anxious and suffers from agoraphobia, he is unwilling to leave home, and the pain limits every activity. Based on the above records the injured worker does not meet the last two requirements, namely: "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".