

<b>Case Number:</b>	CM15-0050476		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30-year-old female who sustained a work related injury on September 5, 2013. She was diagnosed with sprains and strains of the sacroiliac ligament and low back pain with small lumbar disc protrusions. Electromyogram studies were unremarkable. Treatment included medications, acupuncture sessions, physical therapy, psycho-social, behavioral and cognitive therapies. Currently, the injured worker complained of ongoing, constant pain in the neck and back pain radiating down into her toes, affecting her daily activities of daily living (ADLs) and sleep. The treatment plan that was requested for authorization included a Functional Restoration Program psyche evaluation to determine candidacy for entry into the Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FRP psyche evaluation to determine candidacy for entry into the FRP:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient was injured on 09/05/2013 and presents with back pain. The request is for an FRP PSYCHE EVALUATION to determine candidacy for entry into the FRP. The utilization review denial rationale is that "it is not evident the patient has a significant loss of ability to function independently resulting from the chronic pain... there is no documentation of pre-existing behavioral issues and if there has been a psychological assessment since injury date... current patient daily functional tolerance are not addressed and benefits of behavioral interventions are also not discussed." The RFA is dated 02/17/2015 and the patient is temporarily totally disabled. ACOEM Practice Guidelines Second Edition 2004, page 127, has the following, "The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater would like an interdisciplinary evaluation to determine if the patient is a candidate for the Functional Restoration Program. She is diagnosed with low back pain and sprains and strains of sacroiliac ligament. The patient has a positive FABER test and a positive SI joint compression test. Given the patient's chronic back pain, the requested FRP psych evaluation IS medically necessary.