

Case Number:	CM15-0053988		
Date Assigned:	03/27/2015	Date of Injury:	03/22/2014
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/22/2015

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, Hawaii

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 58-year-old, female who sustained a work related injury on 3/22/14. The diagnoses have included cervical radiculitis, cervical disc degeneration and neck pain. Treatments have included medications, Lidocaine patches and an MRI of cervical spine in 5/2014. In the PR-2 dated 3/3/15, the injured worker complains of neck pain with radiation to both arms. She describes the pain as sharp-shooting, tingling, numbness, stabbing, deep-pressure and tightness. She has very limited range of motion in cervical spine. She gets mild pain relief from medication, pain patches and exercise. The pain is made worse by activities. She continues to have pain and feels significant limitations in her activities of daily living. The treatment plan is a request for an evaluation for a functional rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation for FRP: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient presents with neck and shoulder pain. The current request is for Multidisciplinary Evaluation for FRP. The treating physician states, "MDE Request: In my opinion patient's pain should be addressed in an interdisciplinary fashion including medication optimization and physical rehabilitation. At today's appointment, we discussed meeting with an interdisciplinary pain management team where the patient would have the opportunity to work hand in hand with a psychologist, physical therapist, and pain management specialist to determine the best course of treatment to restore functionality and productivity while minimizing medications." (22B) The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case; the treating physician has requested an evaluation for the patient to be considered for a functional restoration program. One of the criteria for entering a FRP is that an adequate and thorough evaluation be made that includes baseline functional testing. The current request is medically necessary and the recommendation is for authorization.