

Case Number:	CM15-0054258		
Date Assigned:	04/16/2015	Date of Injury:	07/22/2009
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on July 22, 2009. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic pain syndrome, pain in joint, opioid type dependency, unspecified idiopathic peripheral neuropathy, reflex sympathetic dystrophy, brachial neuritis and spinal stenosis. Treatment to date has included psychological evaluation, ice application and medication. On December 3, 2014, the injured worker complained of constant, burning low back pain. Her pain is increased by using her whole arm. The pain was noted to be decreased by medication, ice, rest and cream. The treatment plan included medication, topical analgesic, functional restoration program and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program for the cervical spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 25, 30-34.

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

Decision rationale: The claimant is nearly 6 years status post work-related injury and continues to be treated for arm and low back pain. A functional restoration program has been requested since before September 2014. She was seen for a psychological evaluation on 01/19/15 with depression and anxiety. A course of 12 weeks of cognitive behavioral psychotherapy was planned. Functional restoration programs are recommended for selected patients with chronic disabling pain. Criteria include that previously have been unsuccessful. In this case, the claimant has not failed less intense psychotherapy treatment. Therefore, a functional restoration program is not medically necessary at this time.