

Case Number:	CM15-0054912		
Date Assigned:	03/30/2015	Date of Injury:	09/05/2013
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
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: 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 50 year old male, who sustained an industrial injury on 9/5/2013. The current diagnoses are post-concussion syndrome/headache, cervical/lumbar strain injury, post-traumatic myofascial pain syndrome, cervical/lumbar disc injury, and right-sided lumbar radiculopathy. According to the progress report dated 2/19/2015, the injured worker complains of neck and low back pain. The current medications are Tylenol # 3 and Ibuprofen. Treatment to date has included medication management, X-rays/MRI of the cervical and lumbar spine, physical therapy, acupuncture, and massage therapy. The plan of care includes functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

(FRP) FUNCTIONAL RESTORATION PROGRAMS EVALUATION AT [REDACTED]:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs (FRPs) Page(s): 127. Decision based on Non-MTUS Citation ACOEM Ch 7, page 127.

Decision rationale: The patient has persistent complaints of neck and low back pain with associated pain into the upper and lower extremities. The current request is for (FRP) Functional Restoration Program evaluation at [REDACTED]. The MTUS guidelines recommend functional restoration programs. Furthermore, the ACOEM guidelines support referral to a specialist to aid in complex issues. The treating physician indicates that he feels the patient's condition would best be addressed through a functional restoration program evaluation to help determine the best course of care for this patient to help decrease pain and improve function. Recommendation is for authorization. Therefore, the request for (FRP) Functional Restoration Programs Evaluation At [REDACTED] is medically necessary.