

Case Number:	CM15-0087015		
Date Assigned:	05/11/2015	Date of Injury:	06/05/2013
Decision Date:	06/12/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 was a 63-year-old female, who sustained an industrial injury, June 5, 2013. The injured worker previously received the following treatments sacrum and coccyx x-rays, bilateral hip x-rays, Ibuprofen and physical therapy. The injured worker was diagnosed with bilateral carpal tunnel syndrome, thoracic strain, coccyx contusion, lumbar strain, left hip contusion, bilateral thigh strain, bilateral shoulder strains, HPN (herniated nucleus pulposus) of the cervical spine, multilevel cervical degenerative disk disease, bilateral shoulder tendinitis, bilateral upper extremity overuse syndrome, bilateral carpal tunnel syndrome and bilateral wrist strains. According to progress note of April 13, 2015, the injured workers chief complaint was neck pain 8-9 of 10 with extension, bilateral rotation caused increased pain, with bilateral radiculopathy, paresthesia and numbness. The physical exam noted positive maximal foraminal compression test right greater than the left and restricted range of motion. The treatment plan included a functional restoration program consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Functional restoration program consult is not medically necessary.