

<b>Case Number:</b>	CM14-0139051		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 31 year old female whose date of injury is 12/13/2012. On this date she grabbed some paper towels which were hanging from a wall cabinet and the entire cabinet collapsed and fell. The cabinet hit her head and knocked the sink off the wall. She was diagnosed with contusion of the head, scalp and neck. Treatment to dates includes acupuncture and physical therapy. Treatment appeal dated 08/01/14 indicates that she continues to have headaches and upper extremity tension and some right arm pain. On physical examination sensation is decreased in the left S1 dermatome. Straight leg raising is negative. No spasm or guarding is noted. Lumbar spine motor strength is 5/5 bilaterally. Deep tendon reflexes are 2/4 bilaterally. Strength is 5/5 in the bilateral upper extremities as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation for a functional restoration program, in treatment of head and neck injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs Page(s): 31-32.

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

**Decision rationale:** Based on the clinical information provided, the request for initial evaluation for a functional restoration program in treatment of head and neck injury is not recommended as medically necessary. It appears that the injured worker was diagnosed with contusion injuries. The submitted records fail to establish that the injured worker has exhausted lower levels of care and is an appropriate candidate for this tertiary level program as required by CA MTUS guidelines. Therefore, medical necessity is not established in accordance with CA MTUS guidelines.