

Case Number:	CM14-0140789		
Date Assigned:	09/10/2014	Date of Injury:	01/12/2008
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/30/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 42-year-old male who reported an injury on 01/12/2008 while working in the flower shop was in the back room on a ladder fell 12 to 14 feet hitting his head on a bar then turned his head and hit another bar leaving a large gash on the side of his head. The injured worker complained of chronic neck, back pain and headaches. The diagnoses included unspecified major depression, pain psychogenetic, cervical disc degeneration and lumbosacral disc degeneration and neck pain. Past surgical procedure included a laser retinal detachment. Medications included Ketamine 5% cream, Sumatriptan Succinate, Mirtazapine 15 mg, Protonix 20 mg, Topamax 25 mg, Fentanyl 125 mcg, Deplin 15 mg and Nuvigil 250 mg. The injured worker reported his pain a 4/10 to 5/10 with medication using a VAS. The injured worker complained of dizziness and headaches, complained of pain to the neck, complains of anxiety and depression. Diagnostics included CT of the maxillofacial that revealed a left anterior and posterior wall frontal sinus and frontoethmoidal recess fracture. The treatment plan included a Functional Restoration Program. The Request for Authorization dated 09/10/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (initial interdisciplinary evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

Decision rationale: The request for Functional Restoration Program Initial Disciplinary Evaluation is not medically necessary. The California MTUS states that an adequate and thorough evaluation needs to be made including baseline functional testing so that follow-up with the same test can note functional improvement. Previous methods of treating chronic pain have been unsuccessful and there was an absence of other options likely to result in significant clinical improvement. The clinical notes lacked a measurable baseline against which to measure the efficacy of the Functional Restoration Program. Additionally, there was lack of evidence that the injured worker had failed conservative treatment that includes physical medicine and medications. There was also lack of documentation of other treatments that the injured worker underwent previously and the measurement of progress as well as the efficacy of prior treatments. As such, the request is not medically necessary.