

Case Number:	CM14-0152340		
Date Assigned:	09/23/2014	Date of Injury:	02/10/2010
Decision Date:	10/23/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/18/2014

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 California. 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:

This is a 35-year-old male with a 2/10/10 date of injury, when he slipped and fell injuring his neck and the right side of his body. The patient was seen by a psychiatrist on 7/17/14 and the note indicated that the patient was in a depressed mood and had suicidal thoughts despite antidepressant medications. The patient was seen on 8/22/14 with complaints of lumbar and cervical radiculopathy. Exam findings revealed tenderness and decreased range of motion in the cervical spine and tenderness with spasms and decreased range of motion in the lumbar spine. The sensation was decreased to pinprick, vibration, position and light touch. The patient was taking Alprazolam, Cymbalta, Hydrocodone, Tramadol, Skelaxin and other medications. The diagnosis is chronic pain syndrome and depression. Treatment to date: work restrictions and medications. An adverse determination was received on 9/2/14 given that there was a lack of documentation including evaluation for FRP and it was not clear if other treatment options have been considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-6 week functional restoration program.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP
Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. The patient underwent adequate psychiatric evaluation; however there is a lack of documentation indicating that the patient's previous methods of treating chronic pain were unsuccessful. There is no note from the surgeon stating that the patient was not a surgery candidate. In addition, there is no clear rationale with regards to the necessity for FRP for the patient. Therefore, the request for 4-6 week functional restoration program is not medically necessary.