

Case Number:	CM14-0160824		
Date Assigned:	10/06/2014	Date of Injury:	06/09/2010
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational Medicine 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 injured worker is a 64 year old female who has developed chronic spinal, shoulder and knee pain subsequent to an injury dated 6/09/2010. She is described to have chronic cervical and lumbar spinal pain due to widespread spondylosis. No secondary neurological changes are documented. She also has limitations and pain affecting her shoulders and knees. The treating physician documents planned treatment changes including trials of various oral analgesics. There is no evidence present of a home exercise program of documented desire to return to work. No specific functional restoration program is documented. She was declared Permanent and Stationary on 6/15/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back pain and chronic pain treatment guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: MTUS Guidelines supports participation in Functional Restoration Programs (Chronic pain programs) if specific factors predicting low success rates are addressed.

In addition, Guidelines specifically recommend only programs be considered that have proven success with worker's compensation patients. The conditions have not been address with this request. There is no documentation of a strong desire to return to work or to participate in a physically demanding rehabilitation program. In addition, there is no information provided documenting the success of a particular program that may be recommended. The functional restoration program is not medically necessary.