

Case Number:	CM14-0161077		
Date Assigned:	10/06/2014	Date of Injury:	04/08/2014
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/01/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 44-year-old male with a date of injury of 04/18/2014. The listed diagnoses per [REDACTED] are: 1. Pain in joint of upper arm. 2. Thoracic or lumbosacral neuritis or radiculitis. 3. Sleep disturbance, not otherwise specified. According to progress report 09/19/2014, the patient presents with neck, low back, and right elbow pain. The patient rates his pain 5/10 on a pain scale. The patient notes with current medication regimen his pain symptoms are adequately managed. His medication regimen includes cyclobenzaprine 7.5 mg, Menthoderm gel, naproxen sodium 550 mg #60, and omeprazole DR 20 mg. Examination of the lumbar spine revealed decreased range of motion with restricted flexion limited to 70 degrees and extension limited to 20 degrees. Straight leg raise testing is positive bilaterally. Examination of the right elbow revealed painful range of motion with flexion and pronation. The patient has completed hand therapy, chiropractic treatment, acupuncture, and has been recently approved for an LESI, but the patient would like to wait at this time. He does not want surgical intervention even if it is recommended. Treater states that the patient would be a good candidate for the functional restoration program, and he is requesting a functional restoration program initial evaluation. Utilization review denied the request on 09/29/2014. Treatment reports from 04/09/2014 through 09/19/2014 were reviewed. The medical file indicates the patient is currently on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program initial evaluation: Overturned

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 Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: This patient presents with neck, low back, and right elbow pain. The treater is requesting an initial evaluation to see if the patient would be a good candidate for the Functional Restoration Program. The California Medical Treatment Utilization Schedule (MTUS) page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, the treater is requesting an assessment to determine if the patient would be a good candidate for the program. California MTUS requires a thorough evaluation before consideration in the program is made. Treatment is medically necessary and appropriate.