

Case Number:	CM14-0173740		
Date Assigned:	10/27/2014	Date of Injury:	06/24/2011
Decision Date:	12/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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 Emergency 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:

Patient with reported date of injury on 6/24/2011. Mechanism of injury merely states that it was injured as part of working as a cook. Patient has a diagnosis of hand pain, Brachial neuritis/radiculitis, myalgia and cervicgia. Medical reports reviewed. Last report available until 10/2/14. Patient complains of bilateral upper extremity pain. Pain is 3/10. Aching, radiates to hands and fingers. Medications reportedly helping. Objective exam reveals cervical spine with decreased ROM especially extension and rotation. Paravertebral tenderness noted. Motor exam was normal. Sensation was normal. Note from 10/2/14 merely documents "patient is a good candidate for FRP." Note from 9/26/14 reports that due to anxiety and psychological sequela has slowed progression and improvement. Note mentions that the request is for an initial evaluation for FRP. Xray of R hand and wrist (7/4/11) reportedly normal. Cervical MRI (11/8/11) reportedly was normal. Patient reportedly undergoing occupational therapy, chiropractic, physical therapy and acupuncture. Current medications include Pantoprazole, Medrox, Naproxen and Ibuprofen. Independent Medical Review is for Evaluation for Functional Restoration Program. Prior UR on 9/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation for Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs(functional restoration programs) Page(s): 30-33.

Decision rationale: As per MTUS Chronic pain guidelines, Functional Restoration Programs(FRP) may be recommended for patients with conditions that put them at delayed risk for recovery. The provider has yet to provide appropriate documentation to meet criteria for recommendation. There is no documentation of functional deficits that is hampering work or function. The provider has also documented psychological problems as the primary issue hampering recovery but there is no documentation of referral to a psychologist/psychiatrist or treatment with anti-depressants. An initial evaluation for Functional Restoration Program is not medically necessary.