

Case Number:	CM14-0091479		
Date Assigned:	07/25/2014	Date of Injury:	12/05/2009
Decision Date:	10/10/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 45 year old female whose date of injury is 12/05/2009. The mechanism of injury is described as lifting heavy equipment. Psychiatric evaluation dated 06/17/14 indicates that she has become increasingly anxious and irritable. Diagnoses are depressive disorder, chronic pain disorder and panic and anxiety attacks, rule out major depressive disorder. Office visit note dated 07/07/14 indicates that she complains of neck and upper trapezius pain. She also complains of low back pain. Treatment to date includes cervical and lumbar epidural steroid injection, left upper extremity injection, physical therapy, and medication management. The injured worker has been recommended for psychotherapy. Diagnoses are neck pain, cervical degenerative disc disease, cervical spondylosis, cervical disc herniation at C3-4, cervical spinal stenosis, low back pain, lumbar disc pain, and bilateral shoulder pain.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program (functional restoration program) Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for functional restoration program is not recommended as medically necessary. The request is nonspecific and does not indicate the frequency and duration of the requested program. There is no indication that the injured worker has undergone a pre-program functional capacity evaluation as required by CA MTUS guidelines to establish baseline levels of functioning as well as current versus required physical demand level. The injured worker's date of injury is over 4 years old. CA MTUS guidelines generally do not support functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period.