

Case Number:	CM15-0013576		
Date Assigned:	02/02/2015	Date of Injury:	03/02/2013
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 51 year old female, who sustained an industrial injury on March 2, 2013. She has reported a patient bit her finger off and she fell to the floor landing on her back. The diagnoses have included cervical degenerative disease C3-4, lumbar degenerative disease L5-S1, lumbar strain, and lumbar facet syndrome. In a progress note dated August 6, 2014, the treating provider reports tenderness to cervical spine and spasms bilateral trigger points, limited range of motion and lumbar tenderness and spasms bilaterally L4-5 and L5-S1 with limited range of motion. On January 6, 2015 Utilization Review non-certified a functional restoration program two times six for neck, upper back and low back, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP) 2 x 6 for neck, upper back and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 31-32.

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

Decision rationale: Functional restoration program 2 x 6 for neck, upper back and low back requires adequate and thorough evaluation with baseline functional testing, evidence that previous methods of pain therapy have been unsuccessful with no other options available, and the patient has failed or is not a candidate for surgical treatment. In this case, the patient has not undergone baseline functional testing, previous treatments have been shown to be effective or additional options exist, and surgical treatments have been successful for some complaints. Thus functional restoration program is not medically necessary and appropriate.