

Case Number:	CM15-0118959		
Date Assigned:	06/29/2015	Date of Injury:	04/07/2010
Decision Date:	07/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old male, who sustained an industrial injury on 4/7/10. The injured worker has complaints of pain in his head, neck, throughout his spine all the way down to his low back with radiation into the right lower extremity and right upper extremity. The diagnoses have included cervical strain rule out cervical radiculitis; headaches and right shoulder pain. Treatment to date has included anti-inflammatory; pain-relieving; capsaicin pain cream; magnetic resonance imaging (MRI) of the cervical spine on 8/21/14 showed straightening of the cervical spine and early disc desiccation is noted throughout the cervical spine; magnetic resonance imaging (MRI) of the right shoulder on 9/18/14 showed previous rotator cuff repair and bicipital tendonesis; physical therapy and cognitive behavioral therapy. The request was for Functional Restoration Program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline, not seen here. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration improved work status for this chronic injury with delayed recovery beyond recommended time frame for successful outcome. The patient has been on chronic opioid medication without functional improvement from extensive treatments already rendered. There is also no specific psychological issues, clinical findings and diagnosis demonstrated or evaluation documenting medical necessity for a functional restoration program. The Functional restoration program evaluation is not medically necessary and appropriate.