

Case Number:	CM15-0178274		
Date Assigned:	09/18/2015	Date of Injury:	12/10/2013
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/10/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 46 year old female who reported an industrial injury on 12-10-2003, versus 2013. Her diagnoses, and or impressions, were noted to include: cervicalgia; lumbago; and lumbar radiculopathy. No current imaging studies were noted. Her treatments were noted to include: magnetic imaging studies of the lumbar spine on 2-25-2014; medication management and rest from work and noted to be permanent and stationary. The progress notes of 8-19-2015 reported a follow-up visit for complaints of neck and low back pain, rated 8 out of 10, that radiated from the thigh all the way down the left leg; increased neck pain with popping and cracking sensations; and that she was not currently working. Objective findings were noted to include: decreased motor strength in the bilateral "EHL", left > right; decreased sensation in the left lumbosacral region; pain over the cervical and lumbar para-spinous muscles; decreased left cervical neck and lumbar-lower back range-of-motion; true functional deficits upon exam; and that all inquiries for authorization to assist her had all been denied. The physician's requests for treatments were noted to include the request for an evaluation assessment to see if she is a good candidate for a Functional Restoration Program, because of overwhelming pain keeping her from enjoying normal activities, financial issues and her desire to return to work, and after not achieving substantial benefit from treatment. The Request for Authorization, dated 9-1-2015, was noted for evaluation for the Functional Restoration Program, 1 x evaluation with "M.D. P.T.", and Psychologist to see if she will be a good candidate for the Functional Restoration Program. The Utilization Review of 9-9-2015 non-certified the request for an outpatient evaluation for a Functional Restoration Program for cervicalgia and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Evaluation for the functional restoration program, for submitted diagnosis of cervicalgia and lumbar radiculopathy, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: This is a request for a functional restoration program (FRP) for a patient with cervicalgia and lumbar radiculopathy. MTUS Guidelines have strict criteria for eligibility for FRP. The medical records do not indicate any psychological or psychosocial dysfunction. In addition, the possibility of surgery has not been ruled out. There is no documentation of a successful program that the patient could participate in. It is not clear that the patient has a job to return to. In addition, pain generators are not noted in the medical records. Therefore the request is not medically necessary or appropriate at this time.