

Case Number:	CM15-0072281		
Date Assigned:	04/22/2015	Date of Injury:	03/16/2012
Decision Date:	05/20/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 36 year old female, who sustained an industrial injury on 3/6/12. The injured worker was diagnosed as having lumbago, cervicgia, myalgia and myositis, displacement of cervical intervertebral disc without myelopathy and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included oral medications and completion of a functional restoration program. Currently, the injured worker complains of pain in head, neck, upper back and both shoulders with radiation to arms, wrists and hands. The pain fluctuates in intensity from 3/10 to 9/10. The injured worker states the medications have been helpful in reducing her pain, but the relief is short term. Physical exam noted tenderness to palpation over the bilateral cervical paraspinal muscles, superior trapezius, levator scapulae, rhomboids and cervical facets, tenderness to palpation is noted over lumbar paraspinal muscles consistent with spasms and sciatic notch tenderness is noted bilaterally. A request for authorization was submitted for multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs/Functional Restoration Programs Page(s): 30.

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

Decision rationale: This 36 year old female has complained of low back pain, bilateral shoulder pain and neck pain since date of injury 3/6/12. She has been treated with physical therapy, medications and a functional restoration program. The current request is for a multidisciplinary evaluation with the intent to determine if she is a candidate for a repeat functional restoration program. Per the MTUS guidelines cited above, an adequate and thorough evaluation is recommended prior to initiating a functional restoration program with clear delineation of baseline function prior to consideration of entry into a FRP. The available provider notes do not document any objective functional improvement from a recently completed functional restoration program. On the basis of this lack of documentation, a repeat functional restoration program is not indicated as medically necessary, therefore a multidisciplinary evaluation preceding a FRP is also not indicated as medically necessary.