

Case Number:	CM15-0072661		
Date Assigned:	04/22/2015	Date of Injury:	07/26/2011
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old woman sustained an industrial injury on 7/26/2011. The mechanism of injury is not detailed. Evaluations include electromyography of the bilateral upper extremities dated 4/29/2013 and an undated cervical spine MRI. Diagnoses include displacement of the lumbar intervertebral disc without myelopathy and disorder of bursae and tendons in shoulder. Treatment has included oral medications and transforaminal steroid injection. Physician notes dated 3/16/2015 show complaints of low back pain. Recommendations include lumbar epidural steroid injection right shoulder steroid injection, multidisciplinary evaluation to asses for functional restoration program, Ultram ER, Naproxen, Omeprazole, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation x 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program, (FRPs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49 Page(s): 30-32, 49.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic low back pain. When seen, she was avoiding activities such as exercise, driving, and performing household activities. Being requested is an evaluation for participation in a functional restoration program. Functional restoration programs are recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation as it being requested which is therefore medically necessary.