

Case Number:	CM15-0078717		
Date Assigned:	04/29/2015	Date of Injury:	02/04/2002
Decision Date:	07/13/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old female, who sustained an industrial injury on 2/04/2002. Diagnoses include cervicalgia, lumbago/low back pain, myalgia and myositis, degeneration of cervical intervertebral disc, sciatica/neuralgia or neuritis of sciatic nerve, depressive disorder, long term use/current use of medications and encounter for therapeutic drug testing. Treatment to date has included medications including Oxycodone and Soma, cervical epidural steroid injections, cervical Botox injections and diagnostics. Per the Primary Treating Physician's Progress Report dated 3/12/2015 the injured worker reported neck, pain, upper back pain and low back pain with leg pain. The worst pain is in the neck with radiation into her arms and that is associated with headaches. She was assessed for a functional restoration program in 2011 for which she did not pursue because she underwent tibial osteotomies and was severely restricted postop. Physical examination of the cervical spine revealed slight forward flexion of the head and slight straightening of the cervical lordosis. Range of motion is about 75% of expected. The paravertebral and trapezius muscles are taut, tender and have trigger points. Lumbar spine examination revealed mild loss of lumbar lordosis and range of motion about 75% of expected. There are tender trigger points in the low lumbar area bilaterally and tenderness over the facet joints. The plan of care included continuation of current medications, labs and an RFA assessment for an APM functional restoration program and authorization was requested for a comprehensive multidiscipline assessment for APM-FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Multidiscipline Assessment for APM-FRP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: Comprehensive Multidiscipline Assessment for APM-FRP is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the criteria for the general use of multidisciplinary pain management programs include that the patient has a significant loss of ability to function independently resulting from the chronic pain. The progress note dated 3/12/15 states that the patient has no difficulty walking or climbing stairs; no difficulty dressing or bathing; and no difficulty doing errands alone. This does not indicate a significant loss of ability to function independently and therefore the request for a comprehensive multidisciplinary assessment for APM-FRP is not medically necessary.