

Case Number:	CM14-0141970		
Date Assigned:	09/10/2014	Date of Injury:	09/20/2010
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 40-year-old female was reportedly injured on September 20, 2010. The mechanism of injury is stated to be closing a salad bowl. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of neck pain, and bilateral arm pain and upper back pain. Current medications include ibuprofen. The physical examination demonstrated decreased cervical spine range of motion and tenderness at the posterior cervical spine. There was decreased sensation at the C3-C6 dermatomes. Examination of the right shoulder noted decreased range of motion and tenderness at the posterior aspect. There was a positive Neer's test and apprehension test. Examination of the lumbar spine also noted decreased range of motion and tenderness along the paravertebral muscles. Diagnostic imaging studies are unknown. Previous treatment includes oral medications. A request had been made for a functional evaluation and restoration program for 2 to 3 months and was not certified in the pre-authorization process on August 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional evaluation and restoration program for 2-3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines criteria for participation in a functional restoration program includes that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Additionally it states that the patient should have a significant loss of ability to function independently as a result of chronic pain. A review of the attached medical record does not indicate any prior treatment other than oral medications. Additionally it is not stated that the injured employee has lost the ability to function independently. For these reasons, this request for a functional evaluation and restoration program for 2 to 3 months is not medically necessary.