

Case Number:	CM14-0053591		
Date Assigned:	07/07/2014	Date of Injury:	11/13/2000
Decision Date:	08/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/22/2014

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 59 year old male was reportedly injured on November 13, 2000. The mechanism of injury is undisclosed. The most recent progress note, dated July 1, 2014, indicates that there are ongoing complaints of low back pain and bilateral shoulder pain. Current medications include Savella, Opana, Naproxen, Baclofen, AcipHex, Plavix, Coreg, Reglan, Cymbalta, and Ramipril. No focused physical examination was performed. Diagnostic imaging studies and previous treatment was not discussed during this visit. A request was made for the Northern California Functional Restoration Program and was not certified in the preauthorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Northern California Functional Restoration Program 160 hours: 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 medical record, the injured employee has had a previous initial evaluation for a functional restoration program that took place over four years ago.

Considering this, a repeat initial evaluation would be necessary. Furthermore the injured employee has several negative predictors for success to include a fourteen year time period since the stated date of injury and the employee is obviously discontent with continuing employment as evidenced by his behavior annotated in the progress note dated July 1, 2014. For these multiple reasons, this request for participation in the Northern California Functional restoration program for 160 hours is not medically necessary.