

Case Number:	CM13-0000849		
Date Assigned:	06/04/2014	Date of Injury:	08/30/2012
Decision Date:	07/24/2014	UR Denial Date:	06/12/2013
Priority:	Standard	Application Received:	06/26/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 47-year-old female who reported an injury on 08/30/2012. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be physical therapy, acupuncture, medications, and psychological therapy. The injured worker's diagnoses were noted to be cervical strain, cervicogenic headaches, anxiety/depression, and myofascial pain in the neck. An evaluation of the [REDACTED] Functional Restoration Program dated 06/06/2013 is the most recent evaluation submitted with the documentation. It is noted that injured worker has been having increased stress and anxiety. She believes this is work related. She has recently had an increase of her Zoloft dose from 100 mg to 200 mg. She reported ongoing chronic neck pain that radiated into the upper back as well as the lower thoracic region. She indicated no significant low back pain or pain in her knees. She indicates anxiety and depression and wants to learn how to better cope with her chronic pain. She indicated she does not like her current occupation given the stress involved and is thinking about leaving in the future. It is noted that the injured worker has not been exercising according to the rehabilitation indications for chronic pain in the neck and upper back. She was noncompliant to engage in rehabilitation efforts secondary to fear and avoidance. She lacks motivation to implement an appropriate home exercise program. She had complained of chronic pain symptoms negatively impacting her ability to perform a number of activities of daily living. The goals of therapy are to train in cardiovascular, core, resistance, and flexibility training. In addition goals are to improve cervical and thoracic spine extension and rotation as to reduce stress on the cervical spine and increase muscle strength to 4/5 or better in all key muscle groups. Another goal is for strengthening and conditioning to improve the ability to lift floor to waist and waist to shoulder. The provider's rationale for the requested [REDACTED] Functional Restoration Program

times 30 days was not provided within the documentation. The Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ FUNCTIONAL RESTORATION PROGRAM X 30 DAYS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31, 49.

Decision rationale: The request for ██████████ Functional Restoration Program times 30 days is non-medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Functional Restoration Programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Retrospective research has examined decreased rates of completion of Functional Restoration Programs, and there is ongoing research to evaluate screening tools prior to entry. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress, higher pretreatment levels of depression, pain, and disability; (5) involvement in financial disability dispute; (6) greater rates of smoking; (7) duration of disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. The injured worker was noted to have several indicators thus not meeting the criteria that the guidelines provide for the Functional Restoration Program to be a success. The injured worker needs a psychological evaluation and a clear job description so that it can be determined if she would have efficacy in a Functional Restoration Program. The request for ██████████ Functional Restoration Program times 30 days is not medically necessary.