MAXIMUS Federal Services

Case Number:	CM13-0010240		
Date Assigned:	09/20/2013	Date of Injury:	07/11/2009
Decision Date:	01/15/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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:

41 y.o. female with an injury from 7/11/09. The patient has diagnoses of Neck pain; Pain in joint shoulder; lumbar disc displacement; pain psychogenic; agoraphobia wi/o panic, per 7/19/13 report. The utilization review letter from7/30/13 denied the request stating that no functional goals were stated, no documentation of limited function, no mention of time-frame to reach goals having reviewed therapy notes. There was also question surrounding bariatric surgery in the future that has not bee addressed. Report from 7/23/13 has the wrong age for the patient (33 y.o. when the patient is 41). The patient worked as CAN, fell backwards while assisting a client and experience left shoudler, elbow and neck pains as well as lower back discomfort. The patient had therapy, left shoudler injection but with continued difficulty. Shoulder surgery was recommended but the patient declined. The patient's pain is rated at 9/10. Patient continues to remain in pain, increasingly frustrated and worred regarding lack of improvement. Current meds include Naproxen, Zanaflex, Protonix, Lexapro, Synovacin, Buprenorphine, Topamax and atenolol. The patient also report depression due to pain, family and marital stress as well. Patinet has been socially isolated, problems with appetite and sex. Anxiety symptoms are documented. The report then lists goals including ADL completion, exercise training, ergonomic training, reduce reliance on medical services, etc. The request was for 160 hours of continuous multi-disciplinary treatment

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours of NCFRP (Northern California Functional Restoration Program) per RFA 7/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program (FRPs) Page(s): 31-33.

Decision rationale: The provided reports state that the provider is recommending 160 hours of multi-disciplinary program. However, the MTUS guidelines recommend trying 2 weeks first, checking the patient's progress and with improvement additional treatments. At 160 hours, this is more than 4 weeks of treatment based on the provided treatment schedule. Furthermore, the provider does not adequately assess the patient's motivational level and does not document the patient's williness to forgo secondary gains, including disability payments to effect this change. The provider also does not examine negative factors for success, including a negative relationship with the employer/supervisor; poor work adjustment and satisfaction; a negative outlook about future employment; high levels of psychosocial distress; involvement in financial disability disputes; whether or not the patient is smoker, etc. The MTUS guidelines require these documentation to assess whether or not the patient is likely to succeed from these programs. Therefore, the request is for denial. The request for160 hours of NCFRP per RFA 7/23/13 is not medically necessary and appropriate.