

Case Number:	CM13-0014675		
Date Assigned:	10/04/2013	Date of Injury:	07/11/2009
Decision Date:	02/07/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain, chronic neck pain and depression reportedly associated with an industrial injury of July 11, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; prior shoulder surgery in February 2013; attorney representation; unspecified amounts of cognitive behavioral therapy; psychotropic medications; and extensive periods of time off of a work. In a Utilization Review Report of July 30, 2013, the claims administrator denied a request for 160 hours of a Functional Restoration Program. The applicant's attorney subsequently appealed, on August 9, 2013. A July 23, 2013, psychology note is notable for comments that the applicant is receiving cognitive behavioral therapy and psychotherapy. She is on Lexapro. She is more functional and less depressed. The applicant states that she wishes to reengage and try and enter the workforce. In a July 23, 2013 initial evaluation, the applicant is described as not working and using several different analgesic and adjuvant medications. A 160 hour multidisciplinary pain management program is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours of Chronic Pain Functional Restoration Program (NCFRP) per RFA 7/23/2013
QTY: 160.00: 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 Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Medical Treatment Guidelines, treatment in a chronic pain or Functional Restoration Program is not suggested for longer than two weeks without evidence of demonstrated efficacy in terms of both subjective and objective gains. The MTUS further notes that total treatment duration should generally not exceed 20 full day sessions. In this case, however, the attending provider has seemingly sought 20 full day sessions over 160 hours at the outset of the program. As opposed to requesting the two-week functional restoration trial suggested by Page 32 of the MTUS Chronic Medical Treatment Guidelines, the attending provider has chosen to request the entire program at the outset without interval reassessment of the claimant to ensure the presence of functional improvement. This is not indicated. Therefore, the request is not certified.