MAXIMUS Federal Services

Case Number:	CM13-0018788		
Date Assigned:	10/11/2013	Date of Injury:	08/23/2011
Decision Date:	01/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/30/2013

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 Neurology, has a subspecialty in Headache 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 patient is a 54-year-old woman injured 8/23/11, when she lost her balance and fell, landing on her side. Neck, knee, shoulder and back soft tissue injuries are accepted. She has had chronic pain. She has had aneurysm rupture with stroke, and does not drive. Multidisciplinary assessment has recommended functional restoration program (FRP), which has been denied. Summarized records indicate that FRP was advised, and she should avoid heavy lifting, pushing, pulling or carrying. Review strategies for taking medications, and tracking daily administrations. No primary clinical records are provided. Reply to the denial of indicates that the patient has had extensive evaluation, extensive pain therapy, is not a surgical candidate, is emotionally and physically dysfunctional, is motivated to change, and does not want to be disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 30-32.

Decision rationale: This patient has had chronic pain, and appears to have had pain management, and remains functionally impaired. It is stated she is not a surgical candidate. FRP has been advised. Per MTUS FRP is medically necessary when: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." Negative predictors cited are "(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 disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain.". Based on the records presented it is reported that she meets criteria 1-5. The physician who has submitted appeal does not state that the aforementioned 9 negative predictors have been addressed. Thus, it does not appear that the patient meets MTUS guidelines.