

Case Number:	CM13-0023462		
Date Assigned:	02/10/2014	Date of Injury:	11/05/2012
Decision Date:	04/22/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 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 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:

This is a 58 year old female patient with a 11/5/12 date of injury. 1/13/14 progress note stated that the patient slipped and fell and hit her right elbow and back of her head. She has had issues with headaches, neck pain, depression, and sleep problems. Regarding activities of daily living, the patient reported no issues with self care of hygiene or communication. She states that the pain effects her overall mood, 8/10. Physical examination revealed tightness of right trapezius, cervical tenderness. Diagnostic impression includes headache, cervicgia, and chronic pain syndrome. 1/31/14 psychological evaluation states that she tends to overemphasize or overreport subjective physical discomforts and tries to deny psychiatric problems. She is seen as an individual who harbors a predominant Mood disorder or Somatoform disorder or both. Treatment has included activity modification, medication, acupuncture, and physical therapy. There is documentation of a previous adverse determination due to lack of documentation of participation in a home exercise program, psychiatric evaluation, exhaustion of previous treatment, functional limitations. There is also note that the patient appears to avoid going to work and that there is a motivational lack as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI-DISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR PAIN MANAGEMENT PROGRAM Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. This patient does not meet criteria for medical necessity. There is a psychodiagnostic evaluation that states that the patient has a tendency to over-report physical symptoms and has a mood disorder or somatoform disorder. It is unclear that she has participated in psychotherapy to address these issues. There is a lack of motivation and a clear lack of functional deficits related to daily activities. She is able to perform adequate self care. It is not clear that interventional measures have been tried and there is no concise evidence that all lower level measures of conservative care have been exhausted. There is no indication that there is an absence of other options that would likely result in clinical improvement. There is no clear evidence of the patient's motivation to change. The request is not medically necessary.