

Case Number:	CM13-0023610		
Date Assigned:	11/15/2013	Date of Injury:	05/06/2010
Decision Date:	01/10/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/13/2013

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 patient is a 63 year old female who on May 2010 fell off a ladder while stocking merchandise. She injured her left side including her ankle and wrists trying to protect herself from the fall. As of June 12, 2013, the patient shows high anxiety, inability to sleep, and depression. The patient states she has problems doing her ADLs, and is on one pain medication. Patient has had previous physical therapy and chiropractic therapy. The patient has a cervical spine fusion April 2012, and a right carpal tunnel release in December 2012. She has had postoperative rehabilitation for both surgeries. The letter dated July 27, 2013 an evaluation of the functional restoration program states the patient did not complete her post surgical therapy because of lack of motivation. She is currently evaluating a left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chronic pain management/functional restoration program, six (6) weeks of a part-time treatment to equal twenty (20) full time days or one-hundred sixty (160) contact hours for the low back, left ankle and bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California pain management program.

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

Decision rationale: The CA MTUS chronic pain guidelines are specific regarding functional restoration programs. The patient should be motivated to improve and return to work and meet specific patient/criteria. There is no indication this patient has shown motivation to improve as per the functional restoration program (FRP) evaluation. In addition, in the section titled predictors of success and failure the records indicate high levels of psychosocial distress is noted as a negative predictor of success, and the patient demonstrates high levels of anxiety. Also criteria for inclusion in a multidisciplinary pain management program includes the patient not being candidate for surgery or other treatments, and a trial of 10 visits may be used to evaluate the ability to avoid surgery. The current request exceeds this trial period. In the evaluation documentation, there is a comment that patient lacks motivation for her physical therapy. As the patient does not meet criteria for inclusion into the pain program and demonstrates negative predictive factors, the request for functional restoration program is not medically at this time.