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| Case Number: | CM13-0035710 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 06/18/2010 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 10/04/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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:

The patient is a 44 y.o. male with a date of injury of 06/18/2010. Patient has diagnoses of chronic pain, limb pain, CRPS of the upper limb, anxiety and depression. According to report dated 09/26/2013 by [REDACTED], patient presents with left arm pain, described as constant, aching, burning, sharp and throbbing. Physical examination showed allodynia and hyperpathia over the left upper extremity (UE). There was normal musculature, no joint deformities and normal range of motion (ROM). Patient's prior conservative treatments include PT, TENS unit, brace, wax baths and medications (including Norco, Oxycontin, Cymbalta, Gabapentin, Levorphanol, Tizanidine, Chlonazepam, Fentanyl and Ondansetron.) Functional Restoration Program (FRP) evaluation dated 08/23/2013, including a psychological report and physical therapy report; both indicate patient would be an excellent candidate for the program. Current request is for 4 weeks participation in a FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

four (4) weeks participation in a Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: Patient has had a Functional Restoration Program evaluation dated 08/23/2013, including a psychological report and a physical therapy report with both indicating patient would be an excellent candidate for the program. The psychological report lacks assessment of "negative factors" such as poor relationship with employer, poor work satisfaction, and negative outlook in future, etc., which is required by MTUS guidelines. Additionally, the treater has asked for 4 weeks of a Functional restoration program. MTUS (p30-33) states that "treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." For additional treatments, the treater has to provide a clear rationale for wanting to go for more than 20 full days. "Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." In this request, the treater has not provided a clear rationale as to why this particular patient requires more than 20 days, what the individualized care plan and proven outcomes are, and does not delineate chronicity of disability and known risk factors requiring longer treatments. Recommendation is for denial of the requested 4 weeks of FRP.