

Case Number:	CM13-0036080		
Date Assigned:	12/13/2013	Date of Injury:	10/07/2004
Decision Date:	04/21/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/18/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

The injured worker suffered a fall on 10/7/2004 with lumbosacral strain/sprain syndrome and left hip sprain/strain with periodic time lost from work and temporary total disability April-November 2005. She received epidural steroid injections [ESI], was referred for chiropractic care and released to light clerical work in January 2005. A 3/5/2005 physical exam disclosed pain without radicular component. Treatment consisted of physical therapy (PT) [3 sessions documented] and chiropractic [14 sessions documented]. In 11/4/2006 she reinjured at the right shoulder and knee. Exam in May 2007 showed weakness, 10% lumbar range of motion in all planes, marked pain inhibition to exam, halting gait, normal knee flexion sitting but inability to rise without arms. Neurologic exam was unremarkable with a negative straight leg raise bilaterally. She has not worked since May 2007. At an April 14, 2008 evaluation she had progressed to a walker and could not stand unaided. Right knee exam showed effusion and was limited by pain, and lumbar spine was tender to palpation. 1/29/07 MRI of the knee reported Grade III-IV osteochondral changes. A right TKA was performed on 4/30/2008; on May 1 she suffered a CVA with right hemiparesis and dysarthria. Speech therapy, PT and Aggrenox were prescribed. Head CT also showed aneurism. She continued not to work. Earlier studies reported at that visit included L4-5, L5-S1 facet arthropathy on 2005 MRI. Treatments had included bilateral facet injections, chiropractic, PT, injections and ongoing cognitive behavioral therapy [CBT] for anxiety disorder. January 2008 diagnosis of "pain due to psychological condition" was reported. In September speech was again affected. Memory, personality changes and mild comprehension difficulties were mentioned. Aricept was started, and then held for side effects. On June 7 she was involved in a motor vehicle accident. MRI 9/30 reported posterior communicating artery aneurism. She underwent elective coiling 2/6/2009. She was approved for 12 sessions of CBT. Medications in 2010 were Vicodin, Oxycontin, Aggrenox and Valium. In

December 2011 she was stronger, walking with a cane with less lordosis. Medicines in August 2013 were Soma 350 mg TID, Valium 10 mg. qhs, Oxycontin 80 mg q 8 hours and Norco 5/325 q 6 hours. [REDACTED] reports a psych consult, states she has recovered nicely from her CVA and recommends a functional restoration program (FRP) to reduce narcotics, improve strength and conditioning, manage anxiety and depression and adjust to illness.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 day/2 week initial trial at [REDACTED]: 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 Functional Restoration Programs Page(s): 30.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend functional restoration programs where there is access to programs combining multiple treatments including physical and occupational therapy with an active exercise component, psychosocial care with proven successful outcomes for patients with conditions that put them at risk of delayed recovery, who are motivated to improve and return to work and meet the "patient selection criteria below." Criteria include interdisciplinary care (eleven articles cited); one article suggesting a claim may predict poor long term outcome, and little evidence for effectiveness with neck and shoulder pain as opposed to low back pain and generalized pain. Poor predictors of outcome include a poor work adjustment or relationship with work supervisor, negative outlook on return to work, and financial disability disputes. Non work-related predictors include smoking, higher pretreatment depression, pain and disability, length of time before referral and opioid use. The injured worker has high pretreatment depression, pain and disability, high length of time before referral and high opiate use. Participation in an active exercise program is doubtful. There can be no motivation to return to work, since multiple disabilities make that option impossible. Therefore this treatment is not medically necessary.