

Case Number:	CM13-0070227		
Date Assigned:	01/03/2014	Date of Injury:	09/20/2009
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 is a 56-year-old male who reported an injury on 09/20/2011. The mechanism of injury was not specifically stated. The current diagnoses include status post assault with traumatic brain injury, status post open reduction and internal fixation of the left forearm and right fingers, neuropathic pain in the right lower extremity, chronic pain syndrome, right posterior shoulder pain, and post-traumatic stress disorder. An interdisciplinary evaluation summary and treatment plan was submitted on 11/13/2013. The injured worker reported persistent pain with constant burning and stabbing sensation. Physical examination revealed marked tenderness to palpation of the right shoulder, difficulty making a fist with the right hand, 4/5 grip strength, allodynia to the right lateral thigh and anterior thigh, 5/5 motor strength in bilateral lower extremities, unobtainable Achilles tendon reflex, negative straight leg raising, limited right shoulder range of motion, and hypertonicity with tenderness in the right upper and middle trapezius. The treatment recommendations at that time included an outpatient interdisciplinary pain rehabilitation program for functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM AT SUMMIT PAIN MANAGEMENT FOR 20 DAYS AND SIX MONTHLY FOLLOW UPS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL RESTORATION PROGRAMS Page(s): 31-32.

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

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. There should also be evidence that previous methods of treating chronic pain have been unsuccessful. As per the documentation submitted, the injured worker maintains diagnoses of post-traumatic stress disorder, depressive disorder, and insomnia. California MTUS Guidelines state negative predictors of success should be addressed prior to initiation of an interdisciplinary program. The injured worker continues to note high levels of psychosocial distress. Therefore, the medical necessity for the requested functional restoration program has not been established. The injured worker is currently working 20 hours per work, and is participating in ongoing behavioral support. Additionally, guidelines do not recommend treatment longer than 2 weeks without evidence of objective functional improvement. The medical necessity for a pain management program for 20 days with 6 monthly follow-up visits has not been established and would exceed guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.