

Case Number:	CM13-0070336		
Date Assigned:	01/03/2014	Date of Injury:	06/14/2002
Decision Date:	06/19/2014	UR Denial Date:	12/03/2013
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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 67 year old female who was injured on 6/14/02. The diagnoses listed are neck pain, low back pain, shoulder pain, and elbow pain. There is an associated diagnosis of insomnia. The radiological tests showed lumbar fusion with degenerative disc disease and osteoarthritis of the upper extremities joints. The EMG/NCS is significant for carpal tunnel syndrome and ulnar neuropathy. Past surgery history consisted of cervical spine fusion, bilateral shoulder surgeries, lumbar fusion, and hand joints surgeries. The medications listed are Gabapentin, Opana ER, and Oxycontin for pain; Soma for muscle spasm; and Ativan for insomnia. The urine drug screen was consistent. On an 11/7/13 office visit, the subjective complaints were 10/10 pain score and difficulty with activities of daily living. An antalgic gait and the use of a walker were both noted. The patient was noted to have exhausted all surgical and interventional procedure options.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN PROGRAMS, CRITERIA FOR THE GENERAL USE OF MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAMS, 31-32

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, pages 30-34.

Decision rationale: The California MTUS addressed the benefits of functional restoration programs in the treatment of chronic pain. The beneficial effects include increased range of motion, improved activities of daily living, better adjustment to physical disability, reduction in the use of medications, and reduction in the use of health/support services. Functional restoration programs are less effective when there are significant psychosomatic symptoms and secondary gain issues. The record indicates that the patient have completed all surgical options. Medication mangement has been optimized. The patient lives alone. There is great difficulty with activities of daily living, ambulation, and general function. Participation in a functional restoration program will be necessary to improve activities of daily living and physcial function. As such, the request is not medically necessary.