

Case Number:	CM14-0001658		
Date Assigned:	01/22/2014	Date of Injury:	08/19/2009
Decision Date:	03/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 Pain Management, 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 62-year-old with date of injury on 08/19/2009. A progress report dated 12/16/2013 by [REDACTED] indicates that the patient's diagnoses include: neck pain, low back pain, left wrist pain, myofascial pain, opiate dependence. The patient had recently completed 2 weeks of a Functional Restoration Program. The treating physician indicated that the patient has made improvements such as going from the 50th percentile to the 84th percentile regarding her adaptive pain coping beliefs. Prior to the program, the patient was not managing the flareups independently and utilizing opiates for care. In the first 2 weeks of the program, the patient has been able to get off of all medications and was working on cognitive behavioral strategies to manage flareups. Treating physician mentions that the progress thus far deems her appropriate for the full length of a program. Additional 2 weeks of outpatient therapy and the Functional Restoration Program was requested. Utilization review letter dated 12/27/2013 issued noncertification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two additional weeks of functional restoration: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with neck pain, low back pain, left wrist pain, myofascial pain, opiate dependence. The treating physician mentions that during the first 2 weeks, the patient has been able to get off of all the medications and has been able to utilize cognitive behavioral strategies to help manage her flare-ups with pain. Future goals were to continue to decrease her functional impairment. The patient was also able to improve from the 50th percentile to the 84th percentile regarding adaptive pain coping beliefs. The treating physician mentions that there are no negative predictors of success for this program and feels that the patient is a good candidate to complete the program. The Chronic Pain Medical Treatment Guidelines states that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The Chronic Pain Medical Treatment Guidelines further states that it is not suggested that a continuous course of treatment be interrupted at 2 weeks solely to document these gains, or if there are preliminary indications that these gains are being made on a concurrent basis. The Chronic Pain Medical Treatment Guidelines states that a total of treatment duration should generally not exceed 20 full day sessions. The records appear to indicate that the patient was making progress in the program; she had completed the first 2 weeks, and the request for the additional 2 weeks would not exceed the recommended 20 full day sessions by the Chronic Pain Medical Treatment Guidelines. The treating physician also mentions that there are no negative predictors of success for this patient which also satisfies the criteria by Chronic Pain Medical Treatment Guidelines. The requested additional 2 weeks appears to be reasonable and supported by the guidelines noted above. The request for two additional weeks of functional restoration is medically necessary and appropriate.