MAXIMUS Federal Services

Case Number:	CM14-0003688		
Date Assigned:	01/31/2014	Date of Injury:	09/04/2012
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine, 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 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 29-year-old female who has submitted a claim for Repetitive Strain Injury, Lumbosacral Disc Injury, Possible Bilateral Carpal Tunnel Syndrome, Lumbar Sprain/Strain, Myofascial Pain Syndrome, and Bilateral Wrist Tendonitis, associated with an industrial injury date of September 4, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck, low back, and leg pain. On physical examination, there was tenderness of the quadratus lumborum and supraspinatus region bilaterally. No motor deficits were noted. Sensation was decreased for the upper extremities. There was also tenderness noted on the elbow, wrist, and medial epicondyle region bilaterally. Tinel's and Phalen's signs were positive. Treatment to date has included medications, physical therapy, acupuncture, and lumbar epidural steroid injection. Utilization review from January 3, 2014 denied the request for functional restoration program - initial evaluation and functional restoration program treatment x 2 weeks - 10 days because there was no documentation of failure of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM TREATMENT X2 WEEKS-10 DAYS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAM (FRP),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 31-32.

Decision rationale: According to pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program (FRP) participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, an appeal addressing the denial for FRP stated that FRP was requested because of the patient's chronic pain condition involving multiple body parts. However, the medical records failed to provide a thorough evaluation of the patient's chronic pain problem. There was also no discussion regarding absence of other options that are likely to result in improvement of the patient's condition. The records also did not show evidence of inability to function independently. Furthermore, negative predictors of success were not addressed. The criteria were not met. Therefore, the request for FUNCTIONAL RESTORATION PROGRAM TREATMENT X2 WEEKS-10 DAYS is not medically necessary.

FUNCTIONAL RESTORATION PROGRAM- INITIAL EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAM (FRP),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 31-32.

Decision rationale: According to pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program (FRP) participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, an appeal addressing the denial for FRP stated that FRP was requested because of the patient's chronic pain condition involving multiple body parts. However, the medical records failed to provide a thorough evaluation of the patient's chronic pain problem. There was also no discussion regarding absence of other options that are likely to result in improvement of the patient's condition. The records also did not show evidence of inability to

function independently. Furthermore, negative predictors of success were not addressed. The criteria were not met. Therefore, the request for FUNCTIONAL RESTORATION PROGRAM-INITIAL EVALUATION is not medically necessary.