MAXIMUS Federal Services

Case Number:	CM14-0006238		
Date Assigned:	03/03/2014	Date of Injury:	12/29/2003
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 a licensed Clinical Psychologist, has a subspecialty in Health Psychology and 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 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:

Based on the medical records provided for this independent medical review, this is a 67 year old male patient reported an industrial/occupational work-related injury on December 29 2003. At that time the patient reported that he had a slip and fall accident on a wet floor during the normal course of his work duties for [redacted]. He slipped on some leftover cooking oil that was on the floor fell onto his back hard hitting his neck, lumbar spine, elbow, and right wrist. He reported the injury immediately. Over time he has been treated with conservative medical care and medications that have not resulted in a return to his prior level of functioning. His current chief pain complaint is low back pain which is constant throbbing and gets worse with shooting radiating pain down both legs his neck is also described as a throbbing pain sensation and his right arm and elbow down to the wrist feels numb. He does have functional limitations. Medical diagnoses include: degenerative disc disease, carpal tunnel syndrome, radiculopathy, bursitis, and right elbow contusion. The psychological diagnoses include Major depression with psychotic features and chronic pain syndrome associated with Final Determination Letter for [redacted] both medical and psychological factors in a general medical condition, and possible obsessive traits. The depression appears to be getting worse of late. The patient said that after the accident he was a little depressed and sometimes felt worthless but always had humor with it; however, now he states that the humor is gone. There is a depressed mood most of the day and loss of enjoyment in pleasurable activities with decreased appetite and decreased sleeping with fatigue and self-esteem and sometimes thoughts of hopelessness that he just wants to give up. The patient has been medicating his depression with alcohol heavily and appears to be in a state of alcohol dependence. A request for one interdisciplinary evaluation for functional restoration program

was non-certified. This independent medical review will concern itself with a request to overturn the decision of non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INTERDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART TWO BEHAVIORAL INTERVENTIONS, PSYCHOLOGICAL EVALUATIONS, FUNCTIONAL RESTORATIONS PROGRAMS P.

Decision rationale: 1. 1 INTERDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM IS MEDICALLY NECESSARY AND APPROPRIATE. The Claims Administrator based its decision on the MTUS California Chronic Pain Medical Treatment Guidelines (May 2009). The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines , Part Two Behavioral Interventions, Psychological Evaluations, Page 100, Functional Restorations Programs, Page 49. The Expert Reviewer's decision rationale: The request to have a patient evaluation for a functional restoration program was made based on the fact that he has been engaging with a psychologist in individual therapy and groups, would like to decrease his opiate medication use, address his alcohol use and is struggling with chronic pain and mental health issues that are likely to benefit from such a program; conservative medical treatments have failed to provide adequate relief so far. The decision to have the patient undergoing an evaluation to have the patient fully assessed the terms of baseline functioning in preparation for participation in a functional restoration program seems appropriate and medically necessary at this juncture. According to the MTUS guidelines functional restoration programs are recommended as a treatment approach. A comprehensive evaluation prior to entering into such a program would benefit the patient by establishing clear baseline that can be measured to demonstrate whether or not any functional improvement has been obtained as a result of the functional restoration program. The MTUS suggests that such treatment program should not occur for longer than 2 weeks without evidence of subjective and objective gains; because of such clear and strict requirements, it'll be it important for an evaluation to be conducted to document his baselines upon which to measure the impact of a functional restoration program, if such a program is found to be medically necessary based on the results of the evaluation. In addition MTUS guidelines clearly stated psychological evaluations are generally well accepted, well established diagnostic procedures. Therefore the request to overturn the non-certification of one multidisciplinary evaluation for functional restoration program is overturned and the request for that treatment is medically necessary.