

Case Number:	CM14-0006340		
Date Assigned:	04/25/2014	Date of Injury:	11/16/2012
Decision Date:	05/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This case involves a 49 year-old female with an 11/16/12 industrial injury claim. She has been diagnosed with chronic myofascial pain syndrome; depression; sleep impairment; history of right CTS and high blood pressure. According to the 10/28/13 pain management report from [REDACTED], the patient has not worked since 2/22/13, but later in the report was reported to be working modified duty. The patient is reported to present with mid back pain and depression and headaches. [REDACTED] was awaiting authorization for his functional restoration program. On 12/31/13 UR recommended against 3-weeks of the HELP program.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE WEEKS OF HELP INTERDISCIPLINARY PAIN REHABILITATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), Page(s): 30-32. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), 30-32

Decision rationale: The MTUS criteria for an FRP indicates that a patient should have a significant loss of ability to function independently resulting from the chronic pain. The patient appears to be functioning enough to work modified duty. She is reported to be seeing a physician for CTS. She does not appear to meet the MTUS criteria for a FRP. Also, MTUS states that a program is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request for 3-weeks of the FRP exceeds this. The request is not in accordance with MTUS guidelines. Therefore, the request is not medically necessary.