

Case Number:	CM14-0103236		
Date Assigned:	07/30/2014	Date of Injury:	09/27/2000
Decision Date:	10/08/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Rehabilitation 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 55 year old patient had a date of injury on 9/27/2000. The mechanism of injury was not noted. In a progress noted dated 4/2/2014, subjective findings included depression, sadness, loss of interest, hopelessness loss of energy, decreased motivation, anger, worry. On a physical exam dated 4/2/2014, objective findings included dysphoric mood and affect blunted with occasional tearfulness. She was withdrawn, physical condition suggests pain. Diagnostic impression shows major depression without severe psychotic features. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/1/2014 denied the request for comprehensive multidisciplinary assessment for APM-FRP DOS 6/24/2014, stating that she was previously involved in FRP in 2010, and why it is different for her this time around is not stated, and there was no discussion of what occurred since discharge from the program. She is now 4 years further out from injury and chance of significant functional and pain improvement has decreased. Furthermore, she is not motivated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive multidisciplinary assessment for APM-FRP: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. In a progress note dated 6/24/2014, there was no discussion of any significant changes since the last functional restoration program in 2010 that would justify another evaluation. Furthermore, in a progress note dated 4/2/2014, the patient is noted to have severe depression, severe regression, and needs psychological treatment, as lack of motivation was noted. Therefore, the request for comprehensive multidisciplinary assessment for APM-FRP is not medically necessary.