MAXIMUS Federal Services

Case Number:	CM14-0011153		
Date Assigned:	02/21/2014	Date of Injury:	03/27/2007
Decision Date:	07/16/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 55-year-old male who has submitted a claim for major depression, single episode, severe without psychotic features; post-traumatic stress disorder, chronic; pain disorder with psychological factors and general medical condition; chronic low back pain with radicular symptoms in the lower extremities; chronic neck pain; chronic left shoulder pain; narcotic dependency associated with an industrial injury date of March 27, 2007. Medical records from 2012-2014 were reviewed, the latest of which dated January 10, 2014 revealed that the patient still claims that his pain interferes with the ability to work. He is still having neck, low back and left shoulder pain. He states that all the other medications he tried do not work. On physical examination, the gait is normal; however, the patient has significant guarding and pain behavior. Cervical spine range of motion is limited to about 20 degrees. Lumbar flexion is approximately 30-40 degrees, extension is approximately 10 degrees. Left shoulder abduction is limited to approximately 70 degrees and right shoulder abduction is limited to approximately 30 degrees with significant guarding. Muscle strength is 5-/5 in the upper and lower extremities due to guarding and pain give away. Reflexes are diminished but symmetrical. Treatment to date has included left shoulder labral and rotator cuff repair with decompression (5/28/08), physical therapy, home exercise program, and medications which include Norco, Cymbalta, Ultram, Lyrica, Prozac, NSAIDs and anti-anxiety medications. Utilization review from January 22, 2014 denied the request for FUNCTIONAL RESTORATION PROGRAM. Reason for the denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRP) Page(s): 32.

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

Decision rationale: As stated on pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, functional restoration program was requested to address his chronic pain and dependency on narcotics. The documents submitted revealed an adequate evaluation was done, and that the patient has been managed with physical therapy and medications. Also, the patient has a history of depression and dependency on narcotics. In the recent clinical evaluation, there were subjective and objective findings that would suggest failure of previous treatments used. However, there is no evidence that suggest significant loss of ability to function independently. There is no documentation of the patient exhibiting motivation to changes. Moreover, there is no evidence that negative predictors have been addressed. Guideline criteria were not met. Therefore, the request for functional restoration program is not medically necessary.