

Case Number:	CM14-0012627		
Date Assigned:	02/21/2014	Date of Injury:	04/28/2000
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/31/2014

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 Texas. 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 injured worker is a 51-year-old with an injury reported on April 28, 2000. The mechanism of injury was not provided within the clinical notes. The clinical note dated January 21, 2014, reported that the injured worker complained of chronic pain. It was noted the injured worker felt that her function has degraded dramatically. It was noted that the injured worker verbalized the inability to walk more than one block and difficult doing personal hygiene activities. It was reported that the injured worker was apprehensive about functional restoration program. The injured worker's work status was noted as permanent and stationary. The physical examination revealed the injured worker had tenderness over the left wrist. The injured worker's prescribed medication list included Protonix, Topamax, zolpidem, Flexeril, ketamine 5% cream. The injured worker's diagnoses included vaginal hysterectomy, tonsillectomy, left total knee replacement, and left breast biopsy. The provider requested [REDACTED] Functional Restoration Program for 160 hours from February 18 to March 28, 2014. The rationale was not provided. The request for authorization was submitted on January 31, 2014. The injured worker's prior treatments were not included in the most recent clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] FUNCTIONAL RESTORATION PROGRAM FOR 160 HOURS FROM 02/18/2014-03/28/2014: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Page(s): 30.

Decision rationale: The injured worker complained of chronic pain (unspecified). It was reported that the injured worker verbalized the inability to ambulate further that one block and perform personal hygiene activities. It was also noted the injured worker verbalized that, "she cannot do anything." The injured worker's work status was reported as permanent and stationary. It was noted the injured worker was apprehensive about the functional restoration program. The Chronic Pain Medical Treatment Guidelines for functional restoration program are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success above have been addressed. It was noted the injured worker verbalized, "cannot do anything" and was apprehensive in doing the functional restoration program. There is a lack of clinical evidence indicating that the provider had a baseline functional test evaluation performed. There is a lack of information provided documenting the efficacy of the injured worker's medications as evidenced by decreased pain and significant objective functional improvements. It was also noted the injured worker was requesting to be placed back on Norco. There is a lack of clinical information indicating the injured worker's pain was unresolved with other optional modalities. Furthermore, there is a lack of clinical evidence indicating the injured worker has exhibited motivation to change and is willing to return to work. The request for the [REDACTED] Functional Restoration Program for 160 hours is not medically necessary or appropriate.