

Case Number:	CM14-0015480		
Date Assigned:	02/28/2014	Date of Injury:	02/05/1997
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/06/2014

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:

According to the records made available for review, this is a 64-year-old female with a 2/5/97 date of injury. At the time (10/8/13) of request for authorization for functional restoration program 2 week trial, there is documentation of subjective (generalized constant pain, mostly at the neck radiating to the left jaw and chest; lower extremity pain radiating to the left hip and scapula with associated numbness, weakness and spasms; bilateral feet pain with associated spasms and weakness; migraine headaches; difficulty sleeping; depressive mood; and decreased functionality) and objective (tenderness to palpation over the left inguinal area and greater trochanter; decreased left hip range of motion; tenderness to palpation over the cervical spine with decreased range of motion and positive Spurling's sign; tenderness to palpation over the lumbar spine with decreased range of motion; decreased sensation over the left C6-8 dermatomes and over L4-5; and decreased reflexes of the bilateral upper extremities) findings, current diagnoses (fibromyalgia, chronic pain, bilateral knee internal derangement, left trochanteric bursitis, and left adductor hip bursitis), and treatment to date (bilateral carpal tunnel release, multiple orthopedic surgeries, physical therapy, chiropractic therapy, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, cognitive behavioral therapy, injections, and medications). In addition, 10/8/13 FRP (functional restoration program) evaluation identifies the patient is motivated to return to work, has exhausted all conservative treatment modalities, and surgery is not recommended at the time. Furthermore, medical report plan identifies multidisciplinary Functional Restoration Program for 6-7 hours per day up to 5 days a week, with defined goals of increased functionality, decreasing pain, and eliminating need for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM 2 WEEK TRIAL: Overturned

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, , 31-32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation that 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 is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, the guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of fibromyalgia, chronic pain, bilateral knee internal derangement, left trochanteric bursitis, and left adductor hip bursitis. In addition, there is documentation of a plan identifying multidisciplinary Functional Restoration Program (FRP) for 6-7 hours per day up to 5 days a week, with defined goals of increased functionality, decreasing pain, and eliminating need for medications. Furthermore, there is documentation that 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 is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for functional restoration program 2 week trial is medically necessary.