

Case Number:	CM14-0118673		
Date Assigned:	08/06/2014	Date of Injury:	04/09/2012
Decision Date:	10/03/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family 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 39-year-old female who has submitted a claim for chronic pain, severe depression, status post rotator cuff repair with right shoulder impingement, and thoracic region and shoulder region sprain associated with an industrial injury date of April 9, 2012. Medical records from 2014 were reviewed. The patient complained of low back and bilateral shoulder pain, rated 8/10 and 6-9/10, respectively. The back pain was sharp and stabbing in the central aspect of her low back in radiation to the left buttock and the left posterior thigh and calf to her ankle. Physical examination showed tenderness of the bilateral shoulders, neck and right lumbar region. There was also marked hypertonicity in the mid scapular region, thoracolumbar junction, and bilateral gluteus and piriformis. For both shoulders, there was positive Hawkins's, Neer's impingement and Speed's test bilaterally. There was limited range of motion of the shoulder and lumbar spine. Motor strength and sensation was intact. MRI of the lumbar spine, dated October 5, 2013, revealed a 3mm disc bulge with foraminal narrowing and facet hypertrophy at L1 to S1. Treatment to date has included medications, physical therapy, chiropractic care, home exercise program, activity modification, right rotator cuff repair, and lumbar epidural steroid injection. Utilization review, dated July 11, 2014, denied the request for functional restoration program at SFFRP for 27hrs/wk. x 6 weeks because response to previous conservative therapy was not specified, baseline functional testing that documented significant loss of ability to function independently was not present, and there were negative predictors of efficacy of treatment with the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 weeks 160 hours Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAM) Page(s): 30-32.

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program (FRP) participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. The following variables have been found to be negative predictors of treatment efficacy: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress; (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. In this case, a comprehensive multidisciplinary pain management evaluation was done on June 17, 2014 which states that the patient would be a good candidate for participation in a functional restoration program given the patient's level of functioning and the time since her industrial injury as well as the complex nature of her pain disorder. There was adequate and thorough evaluation of the chronic pain as evidenced by the comprehensive evaluation. Previous methods of treatment have been of limited success. There was presence of significant loss of function such as limited strength and difficulty in balance and gait. The patient is not a candidate for surgery and she has a strong motivation for change. However, the patient is severely depressed and was emotionally labile. She also admits to still having suicidal ideations. The aforementioned factors have been found to be negative predictors of efficacy of treatment and completion of the program. The guideline criteria have not been met. Therefore, the request for 6 weeks 160 hours Functional Restoration Program is not medically necessary.