MAXIMUS Federal Services

Case Number:	CM14-0119043		
Date Assigned:	08/06/2014	Date of Injury:	06/06/1999
Decision Date:	09/15/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 65 year old female who was injured on 06/06/99. The mechanism of injury is not indicated. The injured worker is diagnosed with chronic pain and other pain disorder related to psychological factors. The injured worker is noted to suffer from severe depression. The injured worker complains of pain in the neck and bilateral shoulders and pain in the low back which radiates down the bilateral lower extremities. The injured worker rates her pain at a 9/10 and reports it is present 90-100% of the time. Treatment has included braces, physical therapy, TENS unit, massage, execise program, nerve blocks, surgery, psychotherapy, chiropractic treatment and pain medication. Surgeries included rotator cuff surgery, decompressive laminectomies and fusion of C4 through C6 and L4-5 laminectomy and fusion. Medication trials have included OxyContin, Norco, Cymbalta and Neurontin. The injured worker has been receiving psychiatric treatment since 2009. The injured worker's Beck Depression Inventory-II score was a 35 per Behavioral Medicine consultation dated 05/27/14. The injured worker's State Anxiety Index score was a 75 and her Trait Anxiety Index score was an 84. The injured worker is noted to be overwhelmed by her inability to manage her chronic pain and improve her function. It is noted her level of depression, anxiety and lack of knowledge regarding chronic pain make it difficult for the injured worker to have confidence that she can develop and implement strategies to help her manage her pain. This note indicates that the injured worker's depression and anxiety do not act as a barrier to successful participation in a functional restoration program. Submitted records include an evaluation specifically designed to assess the injured worker's candidacy for a specific functional restoration program that is also dated 05/27/14 and a physical therapy evaluation, also dated 05/27/14. These evaluations indicate the injured worker is a good candidate for a functional restoration program. There is no other detailed examination, such as a functional capacity evaluation, submitted for review. There

are multiple handwritten clinical notes that appear to document the injured worker's shoulder pain in response to medications. There are no objective measurements included in these notes. There are no physical therapy notes or notes from the injured worker's psychiatric provider submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(HELP)Functional Restoration Program for 80 hours/10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs)Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) and Chronic pain programs Page(s): 49, 30-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs.

Decision rationale: The request for the (HELP) Functional Restoration Program for 80 hours for 10 days is not recommended as medically necessary. MTUS indicates certain criteria must be met prior to approval for a functional restoration program. Among these is an adequate and thorough evaluation including baseline functional testing so that follow-up with the same test can note functional improvement. Although there are extensive evaluations submitted, each of these were produced on the same date and with the goal of establishing that the injured worker is a qualified candidate for the HELP program. There are no outside objective evaluations, such as a functional capacity evaluation, submitted for review. Moreover, the injured worker's depression and anxiety scores are significant for severe depression and ongoing chronic stress. Records indicate the injured worker has received psychiatric care since 2009. The injured worker's high depression and anxiety scores in 2014 indicate she is not sufficiently stable to fully participate in and benefit from the requested multidisciplinary program. This qualifies as a predictor of failure to appropriately respond to or complete a chronic pain program. MTUS states negative predictors of efficacy of treatment include "high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)." Further negative predictors are noted to include duration of pre-referral disability time. Current evidence based guidelines generally do not support chronic pain management programs/functional restoration programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The injured worker's date of injury dates approximately 15-16 years prior to the referral. Records indicate the injured worker has not worked since the date of injury in 1999. Based on the clinical information submitted for review and the applicable guideline recommendations, medical necessity for the (HELP) Functional Restoration Program at 80 hours over 10 days is not established.