MAXIMUS Federal Services

Case Number:	CM14-0162612		
Date Assigned:	10/07/2014	Date of Injury:	07/15/2012
Decision Date:	12/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, myofascial pain syndrome, and shoulder pain reported associated with an industrial injury of July 15, 2012. In a Utilization Review Report dated September 12, 2014, the claims administrator partially approved a request for a 100-hour functional restoration program as 45 hours of the same. It was stated that the applicant had already completed four weeks or 60 hours of said program. The applicant's attorney subsequently appealed.In a September 18, 2014 progress note, the applicant was described as attending her last week of the functional restoration program. The applicant continued to have issues with chronic pain, insomnia, fatigue, malaise, anxiety, and panic attacks. It was stated the applicant had recently been to the emergency department with reported panic attack. The attending provider stated that the applicant was planning to return to work as a social security phone adviser. The attending provider stated that it was unlikely the applicant would return to her pre-injury employer, [redacted], however. The applicant's medication list included naproxen, Neurontin, Protonix, Catapres, and Benadryl. The applicant was given diagnoses of shoulder pain status post earlier rotator cuff repair surgery, myofascial pain syndrome, depression, anxiety, panic attacks, and pain-related insomnia. The attending provider suggested that the applicant employ Trazodone and Neurontin. Additional treatment via the functional restoration program was sought via a September 3, 2014 Request for Authorization (RFA) form. On September 17, 2014, it was stated that the applicant had completed six weeks of a functional restoration program through that point in time and had been given comprehensive home exercises to perform for her shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Northern California Functional Restoration Program X 100 Hours at $225 Per Hour: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration should generally not exceed 20 full-day sessions without some clear rationale for the specified extension and reasonable goals to be achieved. Here, the applicant had already received six weeks (or 30 days) of prior treatment; seemingly well in excess of the 20 full-day sessions endorsed on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that one of the cardinal criteria for pursuit of functional restoration program/chronic pain program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that further criteria for pursuit of chronic pain program and functional restoration program include evidence that the an applicant has a significant loss of ability to function independently resulting from the chronic pain and that the applicant is not a candidate for other treatments which would clearly be warranted to improve pain and function. Here, however, the applicant has already returned to work in an alternate role as social security adviser. The applicant does not, thus, have a significant loss of ability to function resulting from her chronic pain complaints. It is not clear why the applicant cannot continue her rehabilitation in the context to returning to work, self-directed home physical medicine, and/or conventional outpatient office visits. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.