

Case Number:	CM14-0168297		
Date Assigned:	10/15/2014	Date of Injury:	05/01/2007
Decision Date:	11/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 fibromyalgia, shoulder pain, neck pain, myalgias and myositis of various body parts, and anxiety disorder reportedly associated with an industrial injury of May 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; earlier shoulder surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for a multidisciplinary evaluation, apparently sought as a precursor to pursuit of a functional restoration program. The claims administrator alluded to the applicant's working on a part-time basis and further noted that the applicant has had some inpatient psychiatric hospitalizations at various points over the course of the claim. The claims administrator stated that the applicant was fairly functional at present and did not, thus, qualify for the proposed functional restoration program. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant presented with ongoing complaints of neck pain, mid back pain and bilateral shoulder pain. The applicant still had issues with depression and anxiety. The applicant was receiving cognitive behavioral therapy. The applicant was benefiting from the same. The applicant had four more sessions of cognitive behavioral therapy pending, it was acknowledged. The applicant also had acupuncture, which is pending. The applicant was on Motrin, tramadol, Voltaren, and lidocaine, it was acknowledged. In this particular note, it was stated that the applicant was not working and currently unemployed. The applicant was asked to continue Motrin, tramadol, Voltaren, and lidocaine patches. Cervical epidural steroid injection therapy was sought along with trigger point injections. The applicant was asked to continue cognitive behavioral therapy. The attending provider suggested that a functional restoration program was being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Upheld

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

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, one of the cardinal criteria for pursuit of a functional restoration program is an absence of other treatment options likely to result in significant clinical improvement. In this case, the applicant is seemingly receiving a variety of treatments, including acupuncture, trigger point injections, epidural steroid injections, cognitive therapy, etc., which are likely to result in significant improvement here. Therefore, the proposed multidisciplinary evaluation is not medically necessary.