

Case Number:	CM14-0178056		
Date Assigned:	10/31/2014	Date of Injury:	08/09/2007
Decision Date:	12/10/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal 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 an injured worker with a medical history of low back pain, neck pain, left hip pain, degenerative spondylosis of cervical and lumbar spine, left knee pain, left foot pain, left arm and hand pain. Regarding the mechanism of injury, the patient had a fall at work. Date of injury was 08-09-2007. Functional restoration program progress report dated September 19, 2014 documented that the patient has industrial injuries dated August 29, 2007. She had a slip and fall injuring her low back, neck, and left side of her body including hip, knee, foot, and upper extremity. There have been recommendation for a shoulder surgery. At the time of this evaluation, the patient has pain in her left upper extremity, left foot, left hip, and left shoulder. On average, her pain is rated as a 7/10 with pain flares reaching a level 9/10 occurring two to three times per week. She is maintained on Tylenol with Codeine and Gabapentin. Medications provide moderate relief. Treatment has included two left upper extremity surgeries, physical therapy, and acupuncture. Currently she is receiving SSDI payments. The patient has completed ten sessions of the functional restoration program from September 8 through September 29, 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Functional restoration programs (FRPs);.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (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) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. MTUS criteria requires that the patient is not a candidate for surgery. The progress report dated September 19, 2014 documented that there has been a recommendation for shoulder surgery. MTUS criteria requires that the patient be willing to forgo secondary gains, including disability payments. The progress report dated September 19, 2014 documented that the patient is currently receiving SSDI payments. Per MTUS, functional restoration programs (FRP) may be considered medically necessary when all of the MTUS criteria are met. Because two of the MTUS criteria are not met, the request for 10 sessions of a functional restoration program (FRP) are not supported. Therefore, the request for Functional restoration program x 10 sessions is not medically necessary.