

Case Number:	CM14-0020682		
Date Assigned:	06/11/2014	Date of Injury:	03/03/2011
Decision Date:	08/01/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 54-year-old female who reported injury on March 3, 2011 secondary to a fall. The injured worker complained of right shoulder, elbow, and hip pain as well as neck pain that radiated down to the right upper extremity. She reported significant improvement of pain in both wrists, hip joints, the buttock, and the leg after an ultrasound guided corticosteroid injection to the hip joint, ultrasound guided piriformis muscle injection and bilateral injections to the carpal tunnel around the medial nerve. She rated her pain a 3- 4/10 on a 0 to 10 scale which was much improved since the last visit. The psychiatric report dated January 11, 2014 stated that she did not do well with past courses of physical therapy, that it was not evident she was going to return to her former employment, hence she had begun applying for unemployment and suggested that she have her psychosocial problems addressed adjunct to pain management before starting a functional restoration program. Abnormal findings on examination dated April 11, 2014 were tenderness to palpation of the cervical paraspinal musculature with radiation down the right upper extremity through the medial aspect of the right elbow along with C6 - C7 dermatomes. There was also tenderness to palpation of the right greater trochanter and right piriformis muscle and positive Tinel's sign bilaterally. Her diagnoses were myofascial pain syndrome, sacroiliac pain, cervical radiculopathy, joint pain of hand and trauma arthropathy of shoulder. She was taking buspirone, venlafaxine, norco, Neurontin, metaxalone, and using flexor patches. Her past treatments were multiple sessions of physical therapy, ultrasound guided joint injections, ultrasound therapy, home TENS unit, acupuncture, and oral medications including NSAIDs, muscle relaxants, opioids, antidepressants, anticonvulsants, and topical pain patches. The treatment plan is for Functional Restoration Capacity Program, February 3, 2014. The Request for Authorization was signed and dated on February 3, 2014. There is no rationale for the request for Functional Restoration Capacity Program, February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION CAPACITY PROGRAM, 02/03/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 31-32.

Decision rationale: The injured worker complained of pain of right shoulder, elbow, and hip pain as well as neck pain that radiates down the right upper extremity. She had past treatment of multiple sessions of physical therapy, ultrasound guided joint injections, ultrasound therapy, a home TENS unit and oral medications. The California MTUS Guidelines for chronic pain programs (Functional Restoration Program) states patients should be motivated to improve and return to work and that outpatient pain rehabilitation programs may be considered medically necessary when all of the criteria, (an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success have been addressed such as high levels of psychosocial distress), are met. The progress report dated April 30, 2014 stated that the injured worker reported significant improvement of pain after an ultrasound guided corticosteroid injection to the hip joints, an ultrasound guided piriformis muscle injection and bilateral injections to the carpal tunnel around the medial nerve and was able to function better at home, sit in the car longer and that her overall quality of life was much better. The psychiatric report dated January 11, 2014 stated that she did not do well with past courses of physical therapy, that it was not evident she was going to return to her former employment, hence she had begun applying for unemployment and suggested that she have her psychosocial problems addressed adjunct to pain management before starting a functional restoration program. After reviewing clinical notes, it was concluded that the injured worker would not benefit from the program. Therefore, the request is not medically necessary.