

Case Number:	CM14-0021943		
Date Assigned:	05/09/2014	Date of Injury:	10/10/2012
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/21/2014

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 patient is a 59 year old female, DOI 10/10/12. She experienced a slip and fall and initially developed chronic cervical and shoulder pain rated a 10/10. She has been treated with surgery for the shoulder and has had extensive chiropractic and acupuncture. She is currently treated with multiple oral analgesics. More recently, she developed persistent low back pain while attempting to go back to modified duties. The medical history documents the recent death of her spouse. The primary treating physician has provided an updated narrative since the prior UR pointing out that the request is for an initial multidisciplinary evaluation for a functional restoration program and not the full program itself.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT 1XWK X 1WKS RESTORATIVE FUNCTION PROGRAM, EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN PROGRAMS, FUNCTIONAL RESTORATION PROGRAMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS, Page(s): 30-33.

Decision rationale: The guidelines specifically state that only programs with proven success be considered and the requesting physician has not provided this data. Prior to authorization for a screening evaluation it would be reasonable to have this particular program provide verifiable information on its success rate with worker's compensation patients. This would especially apply in these circumstances, as the patient appears to have several predictors of a negative outcome from such a program i.e. negative outlook on future employment, additional pain to new body parts when modified duty was attempted, level of pain (10/10), daily use of opioids and psychological distress (depression).