

Case Number:	CM14-0028422		
Date Assigned:	06/16/2014	Date of Injury:	02/13/2009
Decision Date:	07/29/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 and 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 underlying date of injury in this case is 02/13/2009. This patient's diagnosis is chronic pain with complex regional pain syndrome. The patient's past medical history is complex including two right ankle surgeries in 1984, right shoulder rotator cuff repair in 2003, a history of nonepileptiform seizures, possible conversion disorder, and major depression with hospitalization for suicidal ideations. The patient was seen in pain management consultation on 01/06/2014. At that time, the pain management physician did not feel that this patient met the criteria for complex regional pain syndrome. That physician agreed with Gabapentin and suggested possibly adding Duloxetine. The physician felt the patient would be a strong candidate for a comprehensive functional rehabilitation program and recommended consideration of a spinal cord stimulator in order to facilitate such a treatment program. An initial physician review noted that the patient had several predictors of failure in functional restoration and therefore did not meet the criteria for a functional restoration program for reasons including the lack of indication that the patient was motivated to change or motivated to return to work. The treating physician noted that the request for psychotherapy and intense physical therapy and neural biofeedback and unlimited followup visits were recommended as part of a functional restoration program and therefore these items were recommended for non-certification by the initial reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 week comprehensive functional restoration program: 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 Functional Restoration Programs and Chronic Pain Programs Page(s): 32.

Decision rationale: The Medical Treatment Utilization Schedule section on functional restoration programs and chronic pain programs, page 32, recommend a formal interdisciplinary evaluation before considering a functional restoration program; such an interdisciplinary evaluation is not documented in this case. Moreover, these same guidelines do not support a functional restoration program unless barriers to recovery have been addressed, which is not the case here. Additionally, these guidelines recommend at most an initial 2-week trial of functional restoration, and this request therefore exceeds those guidelines. For multiple reasons, therefore, this request exceeds the guidelines, and I recommend that this be noncertified.

20 sessions psychotherapy: 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 Functional Restoration Programs and Chronic Pain Programs Page(s): 32.

Decision rationale: This request appears to be part of a request for a functional restoration program. As the functional restoration program is not medically necessary, I recommend this treatment additionally be deemed not medically necessary.

20 sessions intense physical therapy: 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 Functional Restoration Programs and Chronic Pain Programs Page(s): 32.

Decision rationale: This request appears to be part of a request for a functional restoration program. As the functional restoration program is not medically necessary, I recommend this treatment additionally be deemed not medically necessary.

20 sessions neurobiofeedback: 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 Functional Restoration Programs and Chronic Pain Programs Page(s): 32.

Decision rationale: This request appears to be part of a request for a functional restoration program. As the functional restoration program is not medically necessary, I recommend this treatment additionally be deemed not medically necessary.

Unlimited visits to follow up: 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 Introduction, Page 1 Page(s): 1.

Decision rationale: The Medical Treatment Utilization Schedule general principles/introduction, page 1, states that if a complaint persists, the physician should reconsider the diagnosis. Overall, the guidelines recommend that the nature and duration of treatment be determined in response to the patient's response to treatment. The treatment guidelines do not support "unlimited" numbers of any type of treatment. This request is not supported by the treatment guidelines. Overall this request is not medically necessary.