

Case Number:	CM14-0034406		
Date Assigned:	06/20/2014	Date of Injury:	03/12/2012
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Rehabilitation and is licensed to practice in Minnesota. 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 with a reported date of injury on 03/12/2014. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with pain of the upper and lower extremities rated 6-7/10. Upon physical examination, the cervical spine revealed tenderness to palpation of the C5-6 and C6-7. There was moderate tenderness to palpation of the L4-5 and L5-S1. The physician indicated, the range of motion of the cervical spine was between 50% and 70% of the normal range, range of motion of the lumbar spine was at 50% in forward flexion, neutral in backward extension, and 50% in lateral flexion. In addition, the physician indicated the injured worker had positive bilateral straight leg raising. Within the clinical note dated 03/28/2014, the physician indicated that the injured worker was frustrated and continued to express financial hardship and effect on her condition as well as her responsibility for her disabled daughter. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnosis included lumbar disc disease at L2-3, L4-5, L5-S1; lumbar facet arthropathy; lumbar radiculopathy; cervical disc protrusion; cervical radiculopathy; bilateral shoulder sprain/strain; bilateral knee sprain/strain; chronic pain syndrome; and chronic reactive clinical depression. The injured worker's medication regimen included Norco, gabapentin, and Soma. The Request for Authorization for an outpatient pain functional rehab program was not submitted. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pain functional rehab program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-31.

Decision rationale: The California MTUS Guidelines state that functional restoration programs are recommended where there is access to programs with proven successful outcomes for injured workers with conditions that put them at risk of delayed recovery. In addition, the injured worker should be motivated to improve and return to work, and meet the injured worker's selection criteria outline. According to the guidelines, the use of multidisciplinary pain management program would include an adequate and thorough evaluation has been made, including baseline functional testing to followup with the same tests to 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 injured worker has a significant loss of ability to functional independently, the injured worker is not a candidate where surgery or other treatments would clearly be warranted. In addition, the injured worker would exhibit the motivation to change and is willing to forego secondary gains to effect the change, and negative predictors of success have been addressed. Negative predictors of completion of the programs would include negative relationship with an employer or supervisor, poor work adjustment, negative outlook about future improvement, high levels of psychosocial distress and involvement in financial disability disputes. According to the physical therapy note dated 02/06/2014, the injured worker displayed a low tolerance to activities and making minimal progress. The documentation dated 05/23/2014 indicates that the injured worker is frustrated with her condition, breaks into tears during conversation, expressed financial hardship pertaining to her responsibility for her disable daughter. The guidelines indicate a decreased rate of completion of functional restoration program would include high levels of psychosocial distress. Therefore, the request for an outpatient pain functional rehab program is not medically necessary and appropriate.