

Case Number:	CM14-0039843		
Date Assigned:	06/27/2014	Date of Injury:	04/13/2011
Decision Date:	08/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This 45-year-old patient sustained an injury on 4/13/11 while employed by [REDACTED]. The request(s) under consideration include Functional Restoration Program. The Behavioral Medicine Consultation dated 2/4/14 noted the patient with DSM-IV diagnosis of chronic adjustment disorder with depressed mood, sleep disorder and chronic general medical condition with chronic pain, insomnia type; chronic pain in head, neck, left shoulder and upper extremity, and back. The physical therapy evaluation dated 2/4/14, noted neck, left shoulder, and lower back complaints. An exam showed left shoulder pain/guarding; slow gait; grip strength of 40 pounds on left and 50 pounds on right; negative straight leg raise (SLR); cervical range with flexion and extension limitation by 10%; lumbar strength of 3/5 on all planes; right shoulder range of flexion/abduction/extension of 180/180/60 degrees; right upper extremity strength of diffuse 4/5 and left of 3/5; diffuse range and strength throughout lower extremities at hips, knees along with tenderness of cervical and lumbar spine. The diagnoses included cervical sprain/strain/mechanical pain; lumbar sprain/strain/mechanical pain; left shoulder bicipital tendonitis healed. An MRI of the cervical spine dated 11/9/11, showed degenerative disc disease without evidence of canal stenosis or neural foraminal narrowing at any level; an MRI of the left shoulder showed no evidence of rotator cuff tear, acute osseous or labral abnormality; a computerized tomography (CT) scan of brain dated 4/24/12, had no significant abnormality; an x-ray of the lumbar spine and right hip dated 4/14/12, had an impression of a normal x-ray of the hip and lumbar spine. The conservative care has included a TENS unit, exercise program, trigger point injections, lumbar medial branch blocks at L3, L4, and L5 on 1/17/13, along with numerous physical therapy without recorded benefit. The request(s) for Functional Restoration Program was partially-certified for initial ten (10) sessions/80 hours on 3/5/14, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31 and 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs); Functional restoration programs (FRPs) Page(s): 30-34, and 49.

Decision rationale: The Chronic Pain Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. The criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; a level of disability or dysfunction; no drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above, as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this chronic injury. The guidelines note a poor outcome from the functional restoration program (FRP), with delayed treatment as in this case for chronic injury of April 2011. The patient has not returned to any previous form of work. The patient has remained functionally unchanged, on chronic opioid medication, without functional improvement from extensive treatments already rendered. The submitted reports have not demonstrated specific limitations in activities of daily living (ADLs) described to support for ongoing therapy that has not provided any long-term functional benefit. Additionally, the guidelines recommend initial trial of two (2) weeks in a FRP, with further consideration pending documented functional benefit, which was recently authorized. The Functional Restoration Program is not medically necessary.