MAXIMUS Federal Services

Case Number:	CM14-0041173		
Date Assigned:	06/30/2014	Date of Injury:	04/04/2012
Decision Date:	09/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/12/2014

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 Injured Worker is a represented [redacted] employee who has filed a claim for chronic upper back, neck, bilateral arm, and bilateral elbow pain reportedly associated with an industrial injury of April 4, 2012. Thus far, the Injured Worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and work restrictions. In a Utilization Review Report dated February 21, 2014, the claims administrator denied a request for a functional restoration program on the grounds that there was not concrete evidence that the Injured Worker in fact had disabling pain. The Injured Worker's attorney subsequently appealed. In a February 7, 2014 progress note, the Injured Worker was described as having diffuse upper back, neck, and bilateral arm pain. In addition, he reported was having difficulty sleeping at night. The examination reviewed, positive Tinel and Phalen signs were noted about the elbow and wrist. The Injured Worker was given diagnosis of cumulative trauma/repetitive stress injury involving the bilateral upper extremities, myofascial pain syndrome, and thoracic outlet syndrome. A functional restoration program was sought. It was stated that the Injured Worker was not a surgical candidate. Relafen and Prilosec were endorsed. The Injured Worker was given work restrictions. It was not clearly stated whether or not the Injured Worker was in fact working or not. In a medical-legal evaluation of September 7, 2013, the medical-legal evaluator suggested that the Injured Worker had not returned to gainful employment and that her former employer was unable to accommodate her restrictions.

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 Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program includes evidence that previous methods of treating chronic pain have proven unsuccessful and that there is an absence of other options likely to result in significant clinical improvement. In this case, however, it is not clearly stated why other means of treating chronic pain, such as a trial of regular work, home exercises, conventional outpatient office visits, psychological counseling, etc. cannot be employed here. The MTUS Chronic Pain Medical Treatment Guidelines also notes that an adequate and thorough precursor evaluation be performed to determine an Injured Worker's suitability for the functional restoration program in question. In this case, it does not appear that the Injured Worker has undergone a precursor evaluation. Additionally, the MTUS Chronic Pain Medical Treatment Guidelines also states that only those Injured Workers who exhibit motivation to change and are willing to forgo secondary gains, including disability payments, to effect said change, are appropriate candidates for a chronic pain or functional restoration program. In this case, again, it has not been clearly outlined that the Injured Worker is willing to forgo secondary gains in an effort to try and improve. As such, this request is not medically necessary.