

Case Number:	CM14-0047391		
Date Assigned:	07/02/2014	Date of Injury:	08/29/2013
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant has an original date of injury of 8/29/2013 when he was struck by a door forcefully extending his neck resulting in ongoing cervical pain. He has had MRI of cervical spine showing no abnormalities for which surgical intervention is recommended. He has been evaluated with PNCV. He has been treated with physical therapy, narcotic medications and muscle relaxers. He has concomitant diagnoses of depression and anxiety. The request is for pain management consultation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation for the [REDACTED] (Functional Restoration Program): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: The California MTUS considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to

improve and return to work, and meets the patient selection criteria outlined next. These criteria include the following: " (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Negative predictors of success include (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain." Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. The treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant has no clear documentation of motivation to changes and has very high pretreatment level of pain and more importantly has high levels of depression and anxiety, which as yet are inadequately treated. Taken together, these two factors alone are sufficient to indicate that a functional restoration program is not expected to be successful in this case at this time and is not medically necessary. I note, and agree with, the original UR recommendation that psychological consultation and treatment be undertaken to address the underlying depression and anxiety. Therefore the request is not medically necessary.