

Case Number:	CM14-0051342		
Date Assigned:	07/07/2014	Date of Injury:	06/07/2012
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/18/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 6/7/12. A utilization review determination dated 4/7/14 recommends non-certification of a functional restoration program. It referenced a 12/17/13 multidisciplinary evaluation report identifying that the patient had no relief from conservative treatments or surgery with a cervical fusion. Pain has increased since surgery. The patient was seen by a psychologist who noted severe depression, anxiety, and suicidal thoughts with a plan to use her medications at one point. The author concluded that the patient was not a candidate for an FRP given the severe untreated depression. A psychological evaluation of the same date also concluded that the patient was not a candidate for the FRP due to the severity of the depression and anxiety.

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 Multidisciplinary pain programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can 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 patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success have been addressed. Within the medical information available for review, there is documentation of an evaluation for the FRP stating that the patient is not a candidate given the severity of depression and anxiety. Additionally, the CA MTUS cites that high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability) are negative predictors of success that must be addressed prior to treatment with an FRP, and there is no documentation that these issues have been adequately addressed. In light of the above issues, the currently requested functional restoration program is not medically necessary.