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| Case Number: | CM14-0072142 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 04/03/1997 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 04/16/2013. The mechanism of injury was not provided in the medical records. Her diagnoses include chronic fatigue, fibromyalgia, cervical musculoligamentous sprain, left shoulder rotator cuff tendinitis, mood disorder, major depression, post-traumatic stress disorder, tarsal tunnel syndrome, and lumbar sprain. Her past treatments included aquatic therapy, medications, physical therapy, and use of a walker and cane for ambulation. On 03/25/2014, the injured worker presented with reports of decreased fibromyalgia pain due to aquatic therapy. No physical examination findings related to the musculoskeletal system were documented. Her medications were noted to include Cymbalta, Lyrica, Axid, Norco, Lunesta, Amlodipine, Atenolol, and Quinapril. The treatment plan included a referral to a Functional Restoration Program. The rationale for the program was noted to be an attempt for the injured worker to regain function, reduce pain, reduce reliance on analgesic medication, and return to work. The Request for Authorization Form was submitted on 04/18/2014.

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 (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, a Functional Restoration Program may be recommended after a detailed multidisciplinary evaluation has been made to include functional testing. The other criteria include evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant improvement, the injured worker has been shown to have a significant loss of ability to function independently, the injured worker exhibits motivation to change, and negative predictors of success have been addressed. The clinical information submitted for review indicated that the injured worker's pain was affecting her ability to perform her work duties. However, a physical examination with clear evidence of objective functional deficits and documentation showing an inability to function independently were not provided. She was not shown to have undergone an initial evaluation for multidisciplinary program with functional testing. Moreover, the documentation indicated that the injured worker's treatments including aquatic therapy and medications were resulting in significant benefit. Further the documentation did not show that she had a motivation to change or that negative predictors of success have been addressed. Based on the above, the injured worker does not meet the criteria for admission to Functional Restoration Program at this time. In addition, the request failed to indicate the number of days being requested. As such, the request is found to be not medically necessary.