

Case Number:	CM14-0075400		
Date Assigned:	07/16/2014	Date of Injury:	10/16/2012
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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:

This 31 year old patient had a date of injury on 10/18/2012. The mechanism of injury was not noted. In a progress noted dated 4/10/2014, subjective findings included pain in right shoulder, scapulothoracic region. In a progress note dated 3/25/2014, the patient reports ongoing depression, rating her symptoms as an 8/10 (10 being the max). Her pain and disability impacts her depression, and she has not been able to sleep throughout the night. In a physical exam dated 4/10/2014, objective findings included slight tender right scapulothoracic and spasm, right shoulder tender anterior and lateral pain. The diagnostic impression shows thoracic spine strain/sprain, depression. The treatment to date includes medication therapy and behavioral modification. A UR decision dated 4/23/2014 denied the request for Functional Restoration Program classes x10, stating that the 4/10/2014 report does not document all the criteria necessary for an outpatient pain rehabilitation program to be considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program classes QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. In a progress note dated 3/25/2014, it was noted that the patient suffered from depression, and that her compliance to Prozac was intermittent. Furthermore, it was noted that the patient had little motivation to do things around the house, and is only getting 2-3 hours of sleep throughout the night. There were no objective functional goals mentioned in the reports reviewed, and no discussion was found explaining how the psychological issues would be managed, to justify a functional restoration program. Therefore, this request is not medically necessary.