

Case Number:	CM14-0075658		
Date Assigned:	07/16/2014	Date of Injury:	05/17/2012
Decision Date:	08/19/2014	UR Denial Date:	05/05/2014
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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 44-year-old female with a date of injury of 05/17/2012. The listed diagnoses per [REDACTED] are: 1. Causalgia, upper limb. 2. Pain, psychogenic NEC. 3. Long-term use of medications. According to progress report 04/23/2014, the patient has undergone an initial evaluation for the [REDACTED] Functional Restoration Program. The report states that patient would "very much like to improve her functional abilities in pain and management skills so that she can return to gainful employment." The comprehensive initial evaluation provided a medical assessment, psychological evaluation and testing, and a musculoskeletal evaluation. As noted, the patient has failed conservative treatment to date, and at this time, she presents with significant pain problem that is accentuated not only by physical deconditioning, but by insomnia and psychological comorbidities. The team recommends the patient participate in a Functional Restoration Program for 160 hours. Utilization Review denied this request on 05/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 160 hrs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Chronic Pain, Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary program for chronic pain Chronic pain programs (functional restoration programs), pages 30-32.

Decision rationale: This patient presents with chronic pain. The patient has undergone an initial evaluation for the [REDACTED] Functional Restoration Program. The MTUS pages 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, although the treating physician has provided an adequate evaluation for consideration of a multidisciplinary program but the requested 160 hours exceeds what is recommended by MTUS. MTUS does not suggest the program for longer than 2 weeks or 80 hours, without evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore, the request is not medically necessary.

