

Case Number:	CM14-0083148		
Date Assigned:	07/21/2014	Date of Injury:	01/03/2011
Decision Date:	09/03/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 49-year-old female with a reported date of injury on 01/03/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic pain syndrome, possible complex regional pain syndrome type 1, status post right carpal tunnel release, status post left carpal tunnel release with radiation, depression, and deconditioning. Her previous treatments were noted to include medication and surgery. The progress note dated 07/11/2014 revealed the injured worker noted slightly less pain in her arms and was crying less and denied side effects. The injured worker continued to complain of pain in her arms and described the pain as burning. Any skin contact including a very light touch intensified the pain. The injured worker reported numbness and tingling to her left arm that went all the way up to her shoulder and there was numbness and tingling to her right arm but it stopped at the elbow. The injured worker indicated hand movements, change of temperature, vibration, writing, doing even simple cooking aggravated the pain. The injured worker did not sleep well and cannot wear gloves. The physical examination of the upper extremities revealed increased pigmentation of left forearm, atrophy to the hand and forearm muscles. The left arm skin was extremely hypersensitive to light touch and there was allodynia. The injured worker had decreased muscle strength in her left upper extremity muscles and there was evidence of surgical scars. The progress note dated 06/10/2014 revealed the injured worker complained of diffused pain in the left shoulder and arm and the pain extended into the neck, jaw and head. The injured worker indicated the pain level in the left upper extremity was 5 to 8 out of 10 with numbness and tingling. The physical examination revealed tremors of the upper extremities on and off. There was atrophy of the bilateral ulnar muscular and right median intrinsic musculature. The skin temperature of the bilateral hands was definitely cool, but otherwise no observation of skin discoloration, edema, or other skin changes, nail changes, hair growth changes, joint changes, or

atrophy other than specific muscle atrophy. There was no spasm in the cervical region and no muscular guarding in the cervical region. Tenderness was not present and motor strength was normal. Pinprick sensation was diminished in the bilateral median distributions. Tinel's and Phalen's sign was positive on the right and left. The range of motion to the cervical spine was diminished, the shoulder range of motion was diminished. The Request for Authorization form was not submitted within the medical records. The request was for an assessment for functional restoration program for complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assessment for FRP-CRPS: 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 Functional Restoration Programs, Chronic pain program criteria Page(s): 49, 31-32.

Decision rationale: The request for an assessment for functional restoration program for complex regional pain syndrome is non-certified. The injured worker has a decreased range of motion and diagnosed with complex regional pain syndrome, type 1. The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, although the research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs, a type of treatment included in the category of interdisciplinary pain programs where originally designed to use a medically directed interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long term evidence suggest that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. The guidelines criteria for the general use of multi-disciplinary pain management programs is an adequate and thorough evaluation must be 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 significant loss of ability to function independently resulting from chronic pain, the patient is not a candidate or 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, and negative for predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is lack of documentation regarding complete conservative treatment attempted and if the injured worker is willing to forgo the secondary gains including disability pain meds to effect the change. Therefore, the request is not medically necessary.