

Case Number:	CM14-0083945		
Date Assigned:	07/21/2014	Date of Injury:	06/20/2007
Decision Date:	10/02/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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:

The patient is a 58-year-old female who was injured on 01/20/2007 when she slipped and fell at work and broke her left great toe and ligament tear on the lateral aspect of the left ankle. Prior treatment history has included trigger point injections; physical therapy acupuncture; deep myofascial therapy and lumbar epidural steroid injections. Past medication history included Singulair, ibuprofen, Skelaxin, Dulera, Neurontin, Norco and Aerosol inhaler. On functional restoration note dated 03/13/2014, it documents the patient meets the initial criteria according to evidence based guidelines for participation in the program, as the patient is not able to participate in life or work in the same capacity as she could prior to the injury. Progress report dated 04/03/2014 documented the patient to have complaints of persistent pain in the low back and neck due to a fall. She reported flare of muscle spasticity. She rated her pain as 6-9/10. On exam, there is tenderness to palpation of the cervical and lumbar paraspinals with a few distinct trigger points. Left shoulder is held slightly superior than the right. There is tenderness and spasticity of the bilateral upper trapezius, left greater than right. The patient is diagnosed with myofascial pain syndrome; lumbar spondylosis, lumbar radiculopathy; SI pain; cervical spondylosis; cervical radiculopathy; carpal tunnel syndrome; and pain in the limb. She was recommended a Toradol IM injection, an acupuncture session and functional restoration program. Prior utilization review dated 05/28/2014 states the request for Functional Restoration Program Assessment is not certified, as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Assessment: 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 Page(s): 30-4.

Decision rationale: According to MTUS guidelines, Functional Restoration Programs may be indicated for patients in whom standard treatment options have been exhausted, there is a significant loss of ability to function independently, surgery is not being considered, there is motivation to change and forego secondary gains, and negative predictors of success have been addressed. Program participation is not recommended for longer than 2 weeks without evidence of efficacy. In this case, records do not clearly demonstrate a significant loss of ability to function independently. There does not appear to be motivation to change and forego secondary gains. There are several negative predictors of success including high levels of psychosocial distress, high pre-treatment levels of pain, and duration of over 7 years since injury. Medical necessity is not established.