

Case Number:	CM14-0086362		
Date Assigned:	07/23/2014	Date of Injury:	09/15/2006
Decision Date:	09/22/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 43 year-old female who reported an injury on 09/15/2006. The mechanism of injury reportedly occurred when a light fixture fell and struck the injured worker's right cervical/cervical brachial region and right upper extremity. The injured worker had diagnoses of, history of contusion of the cervical spine, impingement syndrome, and partial rotator cuff tear. Past treatments included, conservative care, physical therapy, corticosteroid injection, H- wave unit, TENS unit trial, chiropractic therapy, as well as medication management. Diagnostics included, an MRI of the right shoulder on 11/06/2006. Surgeries included, arthroscopic subacromial decompression, Mumford procedure, subacromial synovectomy, debridement, and coracoacromial ligament release on 03/09/2007. The initial evaluation and multidisciplinary conference note dated 05/20/2014¹ noted the injured worker complained of, chronic pain, difficulty with performing activities of daily living (shopping, driving, working, ironing, cooking, doing laundry, and maintaining a normal sex life, anxiety, sleep disturbances, and depression). Physical examination findings included full strength in the bilateral upper and lower extremities. Range of motion of the right shoulder was limited to 100-110 degrees abduction, 110 degrees forward flexion, extension and adduction normal, internal rotation is limited to 75 degrees. Cervical spine range of motion was diminished by 25% for forward flexion, 40% for extension, rotation to the right was limited to 75 degrees, and rotation to the left was limited to 75%. The injured worker reported social isolation after her injury and insomnia. The physician indicated the injured worker wanted to improve her functional abilities and pain management skills in order to return to gainful employment. The psychological and behavioral evaluation dated 05/20/2014 noted the injured worker presented with a depressed mood with reports of feelings of unhappiness, irritability, and discouragement regarding her pain

and functional abilities. The provider indicated the symptoms checklist-90 indicated the injured worker's symptom profile revealed a clinically significant pattern and magnitude. The results indicated the injured worker's distress levels were clearly in the clinical range and a more thorough mental status examination was recommended. The intensity of her distress was clinical in nature and she endorsed a large number of clinical symptoms. The provider indicated the injured worker's profile on the Millon Behavioral Medicine test indicated there was a high probability that the outcome of a traditional medical program to address the injured worker's pain would be poor. The provider noted conservative pharmacologic treatment and a program geared to psychological counseling or stress management might possibly be beneficial. The injured worker's pain profile score indicated the injured worker's depression score was significantly above average for pain patients with only 12% of pain patients having higher depression scores. The injured worker's anxiety score indicated she was more anxious than the average pain patient with only 26% of pain patients having a higher anxiety score. Medications included, Pantoprazole 20mg, Prozac 20mg, and Cyclobenzaprine 10mg. The treatment plan was for the injured worker to participate in a functional restoration program for purposes of improving, range of motion, increase ability to perform activities of daily living, pain management, education of her injury and prognosis, developing coping skills, and achieving a better sleeping pattern. The request for authorization form was submitted and signed on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional restoration program (160 Hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The request for a functional restoration program is not medically necessary. The injured worker has a history of chronic pain associated with the cervical spine region. The California MTUS guidelines note prior to entry into chronic pain management, an adequate and thorough evaluation should be made, including baseline functional testing so follow-up with the same tests can be performed to demonstrate functional improvement. The guidelines recommend functional restoration programs when 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 a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change and is willing to forgo secondary gains, and negative 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. The injured worker has significant functional deficits, as well as anxiety, pain, and depression, which may benefit from participation in a functional restoration program. However, as the guidelines recommend two weeks of participation in a functional restoration program followed by an assessment which demonstrates significant objective functional

improvement, the request for 160 hours would exceed the guideline recommendations. As such, the request is not medically necessary.