

Case Number:	CM14-0089365		
Date Assigned:	07/23/2014	Date of Injury:	06/24/2000
Decision Date:	08/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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 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:

Injured worker is a 61-year old female with a date of injury of 05/24/2000 when she lifted a box out of the basket. On January 24, 2014, the patient presents with ongoing pain in the lower back, left upper back, and shoulders, radiating from the hip to the thigh. Patient describes her pain as sharp, tingling, dull, aching, nagging and throbbing, rated 5/10. Medications include Paxil, Cyclobenzaprine and Aspirin. The medical history includes hypertension, hyperlipidemia, headaches, hyperthyroidism, carpal tunnel syndrome, osteoporosis, depression, anxiety and S/P thyroid surgery. On exam, the range of motion of cervical spine was rotation R/L 40/30, range of motion of B/L shoulder was within the normal range. Range of motion of the lumbar spine forward flexion was 90 degrees, extension 10 degrees, lateral bending to the L 10 degrees, lateral bending to the R 10 degrees, rotation to the L 20 degrees and rotation to the R 20 degrees. Motor Strength of shoulder abduction is 5/5 forward flexion 4/5 bilateral elbow 4/5, L/R 5/5 - 4/5. Sensation was intact throughout. Reflexes were symmetrical bilaterally. Patient is noted that she had previously participated in physical therapy in January 2014. Magnetic Resonance Imaging (MRI) of the cervical spine 4/20/12 revealed varying degrees of stenosis from C3-4 to C5-6 and neuroforaminal stenosis at C3-4, C5-6 and C6-7, with no cord impingement edema. MRI of left shoulder reveals acromioclavicular degenerative arthritic type changes with mild tendinopathy involving the distal supraspinatus tendon, with no evidence of rotator cuff rupture, and mild change of biceps tenosynovitis. The patient's current diagnosis includes lumbosacral strain, shoulder strain, impingement of shoulder and myofascial pain/myositis. The physician has previously requested for Functional Capacity Evaluation and Functional Restoration Program which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32 and 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

Decision rationale: Functional Restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity according to ACOEM Guidelines, 2nd Edition, page 92. Functional restoration is the process by which the individual acquires the skills, knowledge and behavioral change necessary to avoid preventable complications and assume or re-assume primary responsibility (locus of control) for his/her physical and emotional well-being post injury. The individual thereby maximizes functional independence and pursuit of vocational goals, as measured by functional improvement. Multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated goal oriented functional restoration approach. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs are a negative relationship with the employer/supervisor, poor work adjustment and satisfaction, a negative outlook about future employment, high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability), involvement in financial disability disputes, greater rates of smoking, duration of pre-referral disability time, prevalence of opioid use and pre-treatment levels of pain. Criteria for the general use of multidisciplinary pain management programs includes outpatient pain rehabilitation programs that may be considered medically necessary when all of the following criteria are met, an adequate and thorough evaluation has been 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 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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided), the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change and negative predictors of success above have been addressed. In this case, the duration of pre-disability time is over ten years, which is a negative predictor of completion of the program. Furthermore, there was no documentation of an adequate and thorough evaluation including baseline functional testing and no documentation of unsuccessful prior treatments or absence of other treatment options. There also was no evidence of significant loss of ability to function independently in this injured worker. Therefore, the Functional Restoration Program is not medically necessary.