

Case Number:	CM14-0195687		
Date Assigned:	12/03/2014	Date of Injury:	01/18/2009
Decision Date:	12/15/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female patient, who sustained an industrial injury on 1-18-2009. The diagnoses include chronic opioid use, sleep disturbances, myalgia and myositis, hand joint pain chronic pain syndrome and depression. Per a progress report dated 11/18/14, she had complaints of pain in hands, wrists, ankles, calves, feet, neck, back and shoulders rated 9 out of 10 without medications and 5 out of 10 with medications. The patient had depression, insomnia and anxiety. Physical examination revealed weak grip, pain with repetitive movement and difficult fine motor skill; anhedonia, anxious and hopelessness. Per a progress report dated 10-22-2014, she had complaints of pain in the bilateral hands, wrists, shoulder, back and neck rated 9 out of 10 without medications and 6 out of 10 with medications. The medications list includes klonopin, effexor XR, ibuprofen and neurontin. She had bone scan on 10/10/14 with normal findings. Treatment to date has included 10 days functional restoration program, psychiatric care, physical therapy and medication management. The physician is requesting to finish the functional restoration program she began earlier in the year 10-day functional restoration program. On 11-5-2014, the Utilization Review non-certified the request for 10-day functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

10-day Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: 10-day Functional Restoration Program. Per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs, Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made...(6) Negative predictors of success above have been addressed." A recent detailed clinical evaluation with significant functional deficits is not specified in the records provided. Per the cited guidelines "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The patient had 10 days functional restoration program for this injury. There is no evidence of significant ongoing progressive functional improvement from the previously authorized/certified 10 days of functional restoration program that is documented in the records provided. Per the cited guidelines, "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; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability). (7) Duration of pre-referral disability time; (8) prevalence of opioid use." This patient's date of injury was in 2009 therefore she had an increased duration of pre-referral disability time. The patient also had depression, insomnia and anxiety and objective findings includes anhedonia, anxious and hopelessness. These 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. There was no documentation provided for review that the patient failed a return to work program with modification. The medical necessity of 10 day Functional Restoration Program is not fully established for this patient.