MAXIMUS Federal Services

Case Number:	CM14-0205544		
Date Assigned:	12/17/2014	Date of Injury:	06/13/2004
Decision Date:	02/25/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 06/16/2004. The date of the utilization review under appeal is 11/11/2014. The patient's diagnoses include rheumatoid arthritis, right shoulder internal derangement, lumbar spondylosis, obstructive sleep apnea, and severe fibromyalgia. On 10/08/2014 the patient was seen in pain management followup. The patient complained of severe and intractable global pain with a history of fibromyalgia treated with gabapentin and also Cymbalta supplemented with Tramadol. The patient reported that her quality of life was "miserable." The patient appeared frail and chronically ill with diffuse pain and tenderness and a frozen right shoulder. The treating physician concluded that the patient was doing poorly with severe chronic pain and fibromyalgia symptoms and did not improve with past treatment. The treating physician recommended an evaluation for a functional restoration program. An initial physician review noted there was no documentation of psychological overlay or positive motivational factors or documentation to rule out surgical intervention and therefore that reviewer concluded that a functional restoration program evaluation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs/Functional Restoration Programs Page(s): 32.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines section on chronic pain programs/Functional Restoration Programs; page 32 discusses very detailed criteria for consideration of a functional restoration program and notes that a detailed evaluation is necessary. Criteria for the functional restoration program does not require psychological overlay, but rather requires that barriers to success have been addressed and that there is independent functional loss resulting from chronic pain and that ultimate treatment options have been exhausted and the patient exhibits motivation to improve. These factors are complex and the reason for a functional restoration program evaluation is specifically to document these in specific detail in order to confirm the appropriateness of a functional restoration program. The treating physician's office note addresses many of the items in the functional restoration program criteria. There is sufficient detail documented to support at least the appropriateness of evaluation to explore the functional restoration program in more detail. Therefore, the guidelines have been met. This request is medically necessary.