

Case Number:	CM14-0206441		
Date Assigned:	12/18/2014	Date of Injury:	03/14/2012
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
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. The expert reviewer is Board Certified in Family Practice 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:

This is a 50 year old female patient who sustained a work related injury on 3/14/12 Patient sustained the injury due to cumulative trauma The current diagnoses include bilateral CTS and lesion of the ulnar nerve and depressive disorder Per the doctor's note dated 11/24/14, patient has complaints of pain in the bilateral upper extremity Physical examination revealed limited range of motion of the cervical spine, tenderness on palpation over the left hand, full ROM of the bilateral wrists, 5/5 strength and Sensations were decreased to light touch along the right hand and right forearm. Per the doctor's note dated 12/2/14 patient had complaints of chronic neck and bilateral upper extremity pain at 6/10 and the Pain was made better with rest and medication. Physical examination revealed normal tone, 5/5 strength and no muscle atrophy. The current medication list includes Gabapentin, Trazodone and topical anagesic The previous medication list includes Norco, Naproxen, Gabapentin, Venlafexine, The patient has had an EMG of bilateral upper extremities dated 9/6/13 which was impressive of mild ulnar mononeuropathy at the right and left elbow and mild bilateral medianmononeuropathy at the wrist. The patient's surgical history include right breast lumpectomy in 2010; bilateral CTR in 1990 and 1992 Any operative/ or procedure note was not specified in the records provided The patient has received an unspecified number of PT, Acupuncture and massage therapy visits for this injury. She had received 6 weeks of the Functional Restoration Aftercare Program for this injury from 9/29/14 to 11/7/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Program - 6 sessions: 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) Pain, Chronic Pain Program

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

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition 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, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." The criteria for chronic pain management program have not been met as per records provided. Per the doctor's note dated 11/24/14, physical examination revealed full ROM of the bilateral wrists, 5/5 strength and Per the doctor's note dated 12/2/14 pain was made better with rest and medication and physical examination revealed normal tone, 5/5 strength and no muscle atrophy. Any significant functional deficits that would require Restoration Aftercare Program - 6 sessions was not specified in the records provided. She had received 6 weeks of the Functional Restoration Aftercare Program for this injury from 9/29/14 to 11/7/14 There was no evidence of significant ongoing progressive functional improvement from the previous functional restoration program sessions/ chronic pain program sessions, that is documented in the records provided. The detailed notes chronic pain program/ functional restoration program sessions documenting significant progressive functional improvement were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury A response to a complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. In addition, per ODG, "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: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain." She has had depressive disorder The patient has an increased duration of pre-referral disability time - more than 2 years. There is conflicting evidence that chronic pain programs

would provide return-to-work in this kind of patient. The medical necessity of the request for [REDACTED] Program - 6 sessions is not fully established for this patient.