

Case Number:	CM15-0000684		
Date Assigned:	01/06/2015	Date of Injury:	07/01/2011
Decision Date:	03/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/02/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female sustained work related industrial injuries on July 1, 2011. The injured worker was diagnosed and treated for carpal tunnel syndrome, causalgia upper-limb right, ulnar nerve lesion and cervical degenerative disc disease. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, psychological treatment, consultations and periodic follow up visits. Per treating provider report dated November 22, 2014, the injured worker complained of pain in her right hand, elbow, shoulder and her neck with burning pain in bilateral legs. She also reported bilateral facial numbness. The treating physician prescribed services for 18 part day sessions (Trial) Functional Restoration Program (FRP) now under review. On December 2, 2014, the Utilization Review (UR) evaluated the prescription for 18 part day sessions (Trial) FRP requested on November 18, 2014. Upon review of the clinical information, UR non-certified the request for 18 part day sessions (Trial) FRP, noting the lack of clinical documentation to support medical necessity. The MTUS Guidelines was cited. On January 2, 2015, the injured worker submitted an application for IMR for review of 18 part day sessions (Trial) FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Part day sessions (Trial) FRP: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs and Functional Restoration Programs Page(s): 30-32 and 49.

Decision rationale: The patient has persistent complaints of moderate to severe pain with use of her right arm. She has burning in her right hand, elbow, shoulder and her neck with burning pain in the legs as well. The current request is for 18 part day sessions (trial) FRP. The attending physician states "I recommend evaluation for FRP. She has severe pain with her CRPS and pain tolerances with her SCS due to severe GI effects. She has severe depression, suicidal thoughts. She has benefited from psych and is more stable. I opine she is more stable to consider FRP to better address coping and function." Functional Restoration Programs are recommended when 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; (4) 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); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the available medical records, including the FRP evaluation appears to address baseline functional testing, previous treatment methods, the patient's significant loss of ability to function independently due to her chronic pain and the fact that she is not a candidate for surgery. Also, the FRP evaluation addressed her motivation to change as well as the negative factors of success. The current request is medically necessary and the recommendation is for approval.