

Case Number:	CM15-0008548		
Date Assigned:	01/26/2015	Date of Injury:	05/28/2012
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: Ohio, North Carolina, Virginia
 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:

The injured worker (IW) is a 52 year old female, who sustained an industrial injury on May 28, 2012. She has reported pain on the right side of the neck and shoulder as well as the back and hands with associated anxiety and depression and was diagnosed with post-traumatic stress disorder (PTSD). Treatment to date has included radiographic imaging, diagnostic studies, psychological evaluation, psychotherapy, physical therapy, acupuncture therapy, chiropractic care, medication management, work status modifications and lifestyle modifications. Currently, the IW complains of continued pain in the neck, shoulders and bilateral hands with continued depression and anxiety. The IW reported an injury on May 28, 2012, after being held at gunpoint, beaten and robbed while working as a cashier. She continued to experience pain and psychological abnormalities since the incident. As previously noted, she has tried several conservative treatment options. Evaluation on September 26, 2014, revealed continued pain with a depressed and irritable mood. She remained unable to be employed at that time. She reported some improvement with cognitive behavioral therapy although the mood disturbances, flashbacks, nightmares and angry intelligible voices remain. She has been considered permanent and stationary with regard to her neck and back issues but is being considered for a subacromial steroid injection and more acupuncture. On December 15, 2014, Utilization Review non-certified a request for a multidisciplinary evaluation to determine if a functional restoration program (FRP) is appropriate, noting the MTUS guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of requested multidisciplinary evaluation to determine if a functional restoration program (FRP) is appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation to Determine if Appropriate for FRP: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The utilization review physician denied the request for an evaluation for functional response program noting: a. The patient is a 49 year old female s/p injury 5/28/12, now 2 years and 6 months ago. b. With regard to Multidisciplinary evaluation to determine if appropriate for FRP: i. There are no clearly specific goals noted, it is not clear that the patient will need opioid reduction and it is not clear that treatment has been maximized outside of physical therapy. ii. The note specifies that future medical care must be an ongoing exercise program that the patient can do on their own. iii. Most importantly there is no return to work plan. iv. Therefore, the request is not supported as medically necessary and is not approved. However, the Official Disability Guidelines state that the development of a treatment plan is part of the evaluation process (to see if appropriate for a functional restoration program) which would necessarily include treatment goals, an assessment of motivation for change, and a return to work plan. In contrast to the utilization reviewer findings, it seems clear from the submitted documentation that the injured worker is essentially permanent and stationary with regard to her orthopedic complaints. Therefore, a multidisciplinary evaluation to determine if appropriate for FRP is medically necessary as the injured worker appears to meet all of the FRP requirements apart from the treatment plan and goals, which again can only come about after the evaluation is actually done.