

Case Number:	CM15-0102341		
Date Assigned:	06/04/2015	Date of Injury:	06/27/2014
Decision Date:	07/08/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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:

The injured worker is a 53-year-old female who sustained an industrial injury on June 27, 2014. She has reported pain in the neck, shoulders, and has been diagnosed with cervicobrachial syndrome, chronic myofascial pain syndrome, and sciatica. Treatment has included acupuncture, physical therapy, TENS unit, and medications. Per the doctor's note dated 4/29/15 patient had complaints of pain in neck, low back and left shoulder with radiation at 6-7/10. The patient has had irritability and depression. Physical examination revealed diminished mood and affect, limited range of motion of the left shoulder, decreased strength in UE and LE, positive Hawkin test, Adson test, apprehension test, and SI joint compression test. The patient has had decreased sleep, ADLs and energy level and had mood changes. Trigger points were palpated in the upper and lower trapezius region and sternocleidomastoid area. There was tenderness along the biceps tendon and AC joint bilaterally. Shoulder abduction and forward flexion were 90 degrees on the left internal and external rotation with the shoulder abducted at 90 degrees was 50 degrees on the left. Extension of the left shoulder was 10 degrees. The treatment request included a retro functional restoration program for the neck, left shoulder, left elbow and a psych evaluation. The medication list includes Cymbalta, tizanidine and Lyrica. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Functional Restoration Program for the neck, left shoulder, left elbow date of service: 04/29/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page 30-32 Chronic pain programs (functional restoration programs).

Decision rationale: Request: Retro: Functional Restoration Program for the neck, left shoulder, left elbow date of service: 04/29/2015. 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 patient has received an unspecified number of PT and chiropractic 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. The patient has 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. 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." The patient has had irritability and depression, which are another negative predictor of efficacy of treatment with the program as well as negative predictors of completion of the program. The medical necessity of the request for HE Retro: Functional Restoration Program for the neck, left shoulder, left elbow date of service: 04/29/15 is not fully established for this patient. Therefore, the request is not medically necessary.

Retro: psych evaluation date of service: 04/29/2015: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Retro: psych evaluation date of service: 04/29/2015. MTUS Guidelines; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." She has reported pain in the neck, shoulders, and has been diagnosed with cervicobrachial syndrome, chronic myofascial pain syndrome, and sciatica. Per the doctor's note, dated 4/29/15 patient had irritability and depression. Physical examination revealed diminished mood and affect, limited range of motion of the left shoulder, decreased strength in UE and LE, positive Hawkin test, Adson test, apprehension test, and SI joint compression test. The patient has had decreased sleep, ADLs and energy level and had mood changes. Shoulder abduction and forward flexion were 90 degrees on the left internal and external rotation with the shoulder abducted at 90 degrees was 50 degrees on the left. Extension of the left shoulder was 10 degrees. This is a complex case with significant psychological/psychiatric symptoms and objective abnormalities on physical exam as well. A psych evaluation date of service: 04/29/2015 was deemed medically appropriate and necessary.