

Case Number:	CM15-0107165		
Date Assigned:	06/11/2015	Date of Injury:	05/11/2011
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 48 year old male, who sustained an industrial injury on May 11, 2011. The injured worker reported multiple body parts injury due to a toilet top falling on him. The injured worker was diagnosed as having cervical and lumbar strain, right shoulder surgeries and adhesive capsulitis and left shoulder impingement and adhesive capsulitis. Treatment to date has included multiple surgeries and medication. A progress note dated April 17, 2015 provides the injured worker complains of head, neck, shoulder, arm, back and left leg pain. He reports headaches and numbness in both arms and legs. Physical exam notes decreased range of motion (ROM) of the shoulders, cervical, thoracic and lumbar spine. There is decreased sensation of the left leg. The plan includes weight loss and functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for functional restoration program, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations Page 127ACOEM (American College of Occupational and Environmental Medicine) <https://acoempracguides.org/Chronic Pain: Table 2>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, evaluation functional restoration program #1 is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; there should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are pain in joint shoulder; and lumbar disc displacement without myelopathy. The injured worker's date of injury is May 11, 2011. The provider's first report was dated April 17, 2015. Subjectively, the injured worker has multiple complaints including head, neck, shoulders, bilateral upper extremities, back and left lower extremity. The injured worker's status posts #2 shoulder arthroscopies. The injured worker is de-conditioned and reportedly gained 40 pounds. The injured worker received physical therapy in 2011 and 2012. The injured worker was instructed on a home exercise program but has not been engaged in the home exercise program. A psychologist saw the injured worker in consultation. On April 25, 2015, psychological testing was performed. According to a supplemental medical legal report, the treating provider recommended a functional restoration program based on the aforementioned physical findings and psychological testing. The injured worker has not received individual psychological intervention or treatment to assess the issue of depression (as a cause of chronic pain). The presence of depressive symptoms is a negative predictor of success to a functional restoration program. Consequently, absent clinical documentation of treatment for depressive symptoms with individual psychological intervention and treatment, a functional restoration program is premature. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, functional restoration program evaluation #1 is not medically necessary.