

Case Number:	CM15-0019256		
Date Assigned:	02/09/2015	Date of Injury:	07/03/2014
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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

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:

The injured worker is a 46-year-old male who reported an injury on 07/03/2014. The mechanism of injury was a fall. He was diagnosed with depressive disorder and anxiety disorder. Other therapies were noted to include medications, a psychological evaluation, activity adjustments, acupuncture therapy, and physical therapy. On 01/27/2015, an appeal letter of denial was provided. The treating physician indicated recommendation in participation in a Functional Restoration Program. It was noted at the time, the injured worker reported ongoing pain in left wrist, primarily at the radial aspect. On physical examination, he was noted to have difficulty with gripping and grasping as well as movement of the left wrist. Radial deviation of the left wrist caused pain, and he also had difficulty with range of motion. The treating physician indicated the injured worker had psychological testing to include patient health questionnaire, the brief pain inventory, and chronic pain coping inventory. The physician indicated psychological testing indicated mild somatic symptoms, moderately severe depression, and severe anxiety. The chronic pain coping inventory indicated that the injured worker currently copes with his pain primarily using guarding, task persistence, and pacing. He also makes inconsistent use of relaxation exercises, coping skills, resting, asking for assistance, exercising and stretching, and taking social support. The treating physician indicated that the request for 160 hours is actually modified to 80 hours. The treating physician indicated the injured worker has undergone physical therapy for the left wrist and low back and acupuncture treatment without significant benefit. It was also noted the injured worker received injections, including epidurals, without significant benefit. It was also noted the injured worker does not appear to be an urgent

candidate for surgical treatment for the left wrist or lumbar spine, and the injured worker wishes to avoid future surgery. It was noted that the injured worker does want to return to work in some capacity and is hopeful to making gains with treatment and participating in a Functional Restoration Program. The treating physician indicated that psychological evaluation indicated he would be a good candidate for participation in a multidisciplinary Functional Restoration Program. The treatment plan included for the injured worker to participate in a Functional Restoration Program, as the injured worker presents with level of psychological functioning and appears to be a good candidate for a multidisciplinary Functional Restoration Program. A Request for Authorization was submitted on 01/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours of [REDACTED] Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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

Decision rationale: The request for 160 hours of [REDACTED] Functional Restoration Program is not medically necessary. The California MTUS Guidelines note prior to entry into chronic pain management, an adequate and thorough evaluation should be made, including baseline functional testing so followup with the same tests can be performed to demonstrate functional improvement. The guidelines recommend functional restoration programs when previous methods of treating chronic pain have been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, the injured worker has a significant loss of ability to function independently resulting from the chronic pain, the injured worker is not a candidate where surgery or other treatments would clearly be warranted, the injured worker exhibits motivation to change and is willing to forgo secondary gains, and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review does indicate that the injured worker has had a psychological evaluation. The treating physician indicated that the psychological testing indicated mild somatic symptoms, moderately severe depression and severe anxiety. However, the treating provider indicated that the request was actually going to be for 80 hours instead of 160. The request is still for 160 hours. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.