

Case Number:	CM15-0134322		
Date Assigned:	07/22/2015	Date of Injury:	09/16/2014
Decision Date:	08/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/11/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 67-year-old female with an industrial injury dated 09/16/2014. Her diagnoses included localized secondary osteoarthritis of hand and myofascial pain syndrome. Prior treatment included physical therapy, occupational therapy, diagnostics and medications. She presents on 06/04/2015 for chronic pain in her cervical spine and chronic left hand pain. She described the pain in her left wrist as throbbing and stabbing. The pain was severe with any repetitive movements or twisting. She rated her pain as 6/10 at the time of the visit, 5/10 with medications and 8/10 without medications. Physical exam noted tenderness on both sides of paravertebral muscles. There was tenderness in shoulder muscles, tenderness to palpation of right elbow with negative Tinel's sign. There was restricted range of motion of the left thumb. The treatment plan included acupuncture, thumb spica brace and pain management counseling verses functional restoration program evaluation. Work status was with temporary restrictions. Treatment request is for pain management counseling verses FRP (functional restoration program) evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling vs FRP evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states regarding the general use of multidisciplinary pain management programs: (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. The current request is for a pain management vs functional restoration program evaluation. While the guidelines address adequacy of entry into a program, a few criteria are important to note prior to an evaluation. The medical notes fail to demonstrate that the patient has failed initial surgical attempts and is currently not a surgical candidate, which would support an evaluation for entry into a program. The treating physician does not adequately document a significant loss of ability to function due to chronic pain. Subject pain is documented, but medical records related to the request for the functional restoration program evaluation do not detail what abilities are loss specifically due to pain. As such, the request for Pain management counseling vs FRP evaluation is not medically necessary at this time.