

Case Number:	CM15-0139802		
Date Assigned:	07/29/2015	Date of Injury:	02/06/2014
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/19/2015

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 was a 48 year old male, who sustained an industrial injury, February 6, 2014. The injured was sustained when the injured worker was unloading a truck and lost the on a slat wall that weighed approximately 350 pounds and landed on his head causing immediate neck pain. The injured worker previously received the following treatments underwent a discectomy and anterior fusion from C3-C7, Percocet, Tramadol, Naprosyn, Lyrica, Butrans Patch, Trazodone, Wellbutrin, Abilify, Clonazepam, Zoloft, Ambien, Lamictal, failed Methadone, psychiatric services and cervical spine x-rays. The injured worker was diagnosed with panic attacks, chronic neck pain, cervical fusion and cervical radiculopathy. According to progress note of May 5, 2015, the injured worker's chief complaint was neck and residual loss of sensation and weakness in the right upper extremity. The injured worker rated the pain at 9 out of 10 and 10 out of 10 at the worst. The injured worker reported insomnia due to pain. The physical exam noted mild atrophy of the right upper extremity. There was mild right-sided shoulder tenderness with palpation. There was limited range of motion in the right shoulder in flexion 90 degrees and abduction at 90 degrees. The range of motion testing of the left shoulder and bilateral elbows, wrists, and fingers were within normal limits. The grip strength was 4 out of 5. The neurological testing revealed absent pinprick and light sensation throughout the entire right forearm and hand. The treatment plan included a request for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Functional Restoration Program 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, functional restoration program 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; this 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 subacute onset axial pain with radiation to the right arm with significant right upper extremity neurologic deficit; and chronic pain management. Date of injury is February 6, 2014. Request authorization is June 18, 2015. According to a request for authorization dated May 11, 2015, there is a request from an orthopedic surgeon to a plastic surgeon for further evaluation and treatment of the injured worker's injury. According to a pain management progress note, the injured worker is a good candidate for a spinal cord stimulator (May 7, 2015). The injured worker was cleared by the psychologist for implantation of a spinal cord stimulator. Spinal cord stimulator implantation was not completed. According to a recent psychology evaluation dated June 22, 2015, the worker had a cervical fusion March 2014 with a temporary benefit. The injured worker failed physical therapy and acupuncture. On March 2015, the worker sustained another on the job injury to the right index finger. According to the details in the June 22, 2015 progress note, the injured worker had three suicide attempts with a 72 hour holds. In January 2015, the injured worker presented secondary to an overdose of opiates. Currently, the injured worker is having suicidal thoughts but no plan. Surgery has not been ruled out as an option for ongoing treatment. The spinal cord stimulator was considered with psychological clearance, but not completed. Negative predictors of success include high levels of psychosocial distress. The injured worker is presently manifesting suicidal thoughts. The injured

worker has significant negative predictors based on current (June 22, 2015) suicidal thoughts, depression and anxiety and 3 related psychiatric hospitalizations. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, significant negative predictors of success with suicidal thoughts associated with multiple hospitalizations, functional restoration program is not medically necessary.