

Case Number:	CM15-0141322		
Date Assigned:	07/30/2015	Date of Injury:	10/08/2012
Decision Date:	08/28/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/20/2015

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 35 year old female with an industrial injury dated 10/08/2012. The mechanism of injury is documented as cumulative trauma related to packing, prolonged standing and lifting 10 pounds of produce. Her diagnoses included cervicalgia, cervicogenic headaches, myofascial pain syndrome bilateral shoulder impingement and adjustment disorder with mixed anxiety and depressed mood. Prior treatment included physical therapy, chiropractic, acupuncture, independent exercise, trigger point injections, joint injections, specialty consultations and pain management counseling. She presented with complaints of moderate neck pain with severe headaches. She does not sleep well and feels depressed. She reports she is able to perform some activities of daily living with pain including, dressing, bathing, comb her hair, driving and light housework. She reports being unable to perform the following activities due to pain: walking on uneven ground, heavy housework, opening jars and folding laundry. Her medications were Zanaflex and Nortriptyline. Physical exam revealed mild lordosis of the cervical spine with restricted range of motion. There was tenderness over the spinous process. There was tenderness in the rhomboids, sub deltoid bursa and tenderness in the trapezius of the right shoulder. Left shoulder revealed tenderness in the periscapular muscles, rhomboids and trapezius. The provider documents the injured worker exhibits some depressive symptoms, sadness, tearfulness and mood changes. The treatment request is for Functional Restoration Program - 16 part day sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program - 16 part day sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

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 16 part-day sessions 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 cervicalgia; cervicogenic headaches; myofascial pain syndrome bilateral; shoulder impingement bilateral; and adjustment disorder with mixed anxiety and depressed mood. The date of injury is October 8, 2012. The request for authorization stated July 10, 2015. According to a June 17, 2015 functional restoration program evaluation behavioral section, the injured worker's behavioral findings included serious sleep disturbances as a result of pain over the neck, head and right side of the face. She presented due to intolerance to pain severe and emotional lability. The injured worker also exhibits depressive symptoms, sadness, cheerfulness and mood changes. She exasperates easily with high pain levels. The documentation indicates the injured worker reported suicidal ideation with no plan. The injured worker reports anxiety symptoms in relation to her health and feels like she is going to die due to her acute symptoms. Negative predictors of success include high levels of psychosocial distress and pretreatment levels of pain. The functional restoration program evaluation indicates the injured worker is suffering with severe depression and suicidal ideation; severe emotional lability, sadness and mood changes. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and significant negative predictors of success including high levels of psychosocial distress (severe depression and suicidal ideation; severe emotional lability, sadness and mood changes), functional restoration program 16 part-day sessions is not medically necessary.