

Case Number:	CM15-0145151		
Date Assigned:	07/29/2015	Date of Injury:	01/23/2014
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: Preventive Medicine, Occupational 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 37-year-old female, who sustained an industrial injury on January 23, 2014, incurring injuries to the right hand and fingers. She was diagnosed with a crush injury of the right middle and ring fingers. Treatment included sutures of the lacerations of the hand, physical therapy, acupuncture, transcutaneous electrical stimulation unit, topical analgesic patches, pain management and work restrictions. Currently, the injured worker complained of chronic pain and functional limitations secondary to her injury that have negatively impacted her ability to work. She noted continuous right hand pain and rated it 8 on a pain scale of 1 to 10. She described the pain as shooting from her hand up into her arm and becoming nauseous at times from the persistent pain. She was diagnosed with reflex sympathetic dystrophy of the upper limb and chronic pain syndrome. The treatment plan that was requested for authorization included sixty-four hours of Functional Restoration Program (initial trial).

IMR ISSUES, DECISIONS AND RATIONALES

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

64 hours of Functional restoration program (initial trial): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. 64 hours of functional restoration program (initial trial) is not medically necessary.