

Case Number:	CM15-0145214		
Date Assigned:	08/06/2015	Date of Injury:	11/15/2012
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
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: Emergency 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 55 year old male, who sustained an industrial injury on 1-14-2011. He reported pain in his lower back, right shoulder and right elbow. Diagnoses have included chronic right shoulder pain, chronic lower back pain, suspected right medial epicondylitis, reactive depression and pain related insomnia. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), right shoulder surgery and medication. According to the Functional Restoration Program initial evaluation dated 2-26-2015, the injured worker complained of ongoing low back pain. He rated his pain as six out of ten. He complained of right shoulder pain rated three out of ten. He reported right elbow pain with occasional radiation of pain into the right wrist. He also reported depression as well as difficulty sleeping. Physical exam revealed some mild guarding on extension of the cervical spine. Right shoulder range of motion was limited; he had difficulty reaching above his head. There was tenderness to palpation over the lower, lumbar paraspinal muscles with guarding and limitation in lumbar flexion. Authorization was requested for a Functional Restoration Program, 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 160 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, chronic pain management programs/intensity.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-33.

Decision rationale: The request is for a functional restoration program, 160 hours, which is a type of treatment included in the category of interdisciplinary pain programs. Functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic, disabling, occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. These programs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pre-treatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The injured worker has received an initial evaluation for potential enrollment in a functional restoration program. Within the evaluation, all MTUS criteria had been addressed, and all requirements had been met. There is potential for the injured worker to benefit from a functional restoration program. The request is supported by the MTUS guidelines, and therefore is medically necessary.