

Case Number:	CM15-0163867		
Date Assigned:	09/01/2015	Date of Injury:	08/25/2013
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York, Tennessee
 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:

This 34 year old female sustained an industrial injury to the neck and shoulders on 8-25-13. Previous treatment included left shoulder arthroscopy (11-11-14), postoperative physical therapy, injections and medications. In a PR-2 dated 7-10-15, the injured worker complained of right shoulder pain 2 out of 10 on the visual analog scale after recent right subacromial injection, left shoulder pain rated 5 to 6 out of 10 and neck and back pain rated 6 out of 10. The injured worker had been authorized for physical therapy to the cervical spine, lumbar spine but the injured worker did not pursue it, and the authorization expired. Physical exam was remarkable for bilateral shoulder's with decreased and painful range of motion, cervical spine with decreased range of motion and normal gait. Current diagnoses included chronic pain disorder, bilateral shoulder adhesive capsulitis, chronic myofascial neck and back pain. The physician stated that the injured worker endorsed a desire to improve and wanted to consider alternative treatments. The physician did not want to proceed with left shoulder injection due to the events surrounding her last procedure. The only course of action that seemed reasonable to the physician was participating in a functional restoration program. The treatment plan included a functional restoration program consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compass Functional Restoration Program Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic pain programs (functional restoration programs).

Decision rationale: Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. (FRPs) are interdisciplinary pain programs and emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Criteria for outpatient FRP include chronic pain syndrome, failure of previous methods to treat chronic pain, documentation that the patient has motivation to change, and evaluation by an addiction clinician if substance abuse issues are a concern. Long-term evidence suggests that the benefit of these programs diminishes over time, but remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, there is no documentation that the patient has failed previous methods to treat chronic pain. There is documentation that she has had 'some' physical therapy to her right shoulder, but none to other painful areas of the body. There is no documentation of treatment with tricyclic or anti-epileptic medications or trial of acupuncture therapy. Criteria for functional restoration program have not been met. The request should not be authorized.