

Case Number:	CM15-0164494		
Date Assigned:	09/01/2015	Date of Injury:	06/11/2011
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 41 year old female who sustained an industrial injury on 6-11-11. Her initial complaints and the nature of her injury are unavailable for review. A 3-25-15 progress note indicates that the injured worker has a history of right leg complex regional pain syndrome. She also has a diagnosis of encephalopathy. Her medications include Abilify, Klonopin, Prozac, Lidoderm patches, Morphine, Seroquel, and Ambien. She has a spinal cord stimulator and underwent a revision on 3-27-15. On 7-2-15, and orthopedic notation indicated that the injured worker's "case is quite complex and extraordinary". The recommendations were that she be re-evaluated approximately every six months, so that a "more definitive judgment can be made as to disposition and further treatment recommendations". On 7-29-15, a progress note states that she was seen for a "follow-up". The note indicates that she is status-post spinal cord stimulator revision and insertion of 32 contact paddle lead and pulse generator Spectra in the left buttock on 3-27-15. Her physical exam was noted to be "stable". The treatment plan was to undergo a CT scan of her lumbar spine "to understand why she does have low back pain". The requested service, a functional restoration program, was not addressed in the available records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Restoration Program 2 weeks, ten days, sixty hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 25, 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for the general use of multidisciplinary pain management programs.

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

Decision rationale: According to the guidelines, 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. In this case, the claimant underwent a month of FRP a year ago. There is no indication for surgery or deferred surgery at this time. The claimant has CRPS. Although the claimant is motivated, there is no indication for additional FRP a year later. The request is not medically necessary.