

Case Number:	CM15-0166257		
Date Assigned:	09/03/2015	Date of Injury:	11/14/2007
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female sustained an industrial injury to bilateral shoulders, arms and hands via repetitive trauma on 11-14-07. Previous treatment included physical therapy, chiropractic therapy, acupuncture, Chinese medicine, injections, psychotherapy and medications. In a psychological status report dated 7-24-15, the injured worker complained of pain in the head, neck, bilateral shoulders, arms and hands. The injured worker had recently developed jaw pain due to the radiating effects of neck pain as well as low back pain with radiation down bilateral legs. The injured worker also complained of irritability, difficulty concentrating, and loss of libido, self-doubt, hopelessness, frequent crying, and shortness of breath, tension, sleep disturbance, anxiety and depression. Current diagnoses included pain disorder with both psychological factors and a general medical condition and depression. The physician noted that the injured worker suffered from severe depression and anxiety with maladaptive coping mechanisms and feelings of worthlessness. The injured worker was not interested in psychotherapy or psychotropic medications. The physician recommended participation in a functional restoration program. The treatment plan included a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49.

Decision rationale: The claimant has a remote history of a work-related injury in November 2007 due to repetitive trauma and is being treated for head, neck, radiating low back, and bilateral shoulder, arm, and hand pain. A psychological report dated 07/24/15 indicates that she has severe depression and anxiety with a GAF of 55. Recommendations have included cognitive behavioral therapy and psychotropic medications. In terms of a Functional Restoration Program, criteria include that there is an absence of other options likely to result in significant clinical improvement. Psychological treatment would be an important component of a functional restoration program and continued psychiatric treatment would be an option likely to benefit this claimant given the reported degree of psychological distress. In this case, the claimant is declining recommended psychiatric treatments, which does not reflect a motivation to change. Therefore, a Functional Restoration Program evaluation is not medically necessary at this time.