

Case Number:	CM15-0187982		
Date Assigned:	09/29/2015	Date of Injury:	09/23/2009
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, 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:

This is a 63 year old male patient, who sustained an industrial injury on 9-23-2009. He sustained the injury due to involved in motor vehicle accident. The diagnoses include lumbar and cervical disc displacement without myelopathy and rotator cuff syndrome. The most recent progress report included was dated 6-15-2015, reported the patient complained of pain in the head, neck, upper back, lower back, bilateral shoulder, left upper extremity and left lower extremity, rated 6-7 out of 10. Physical examination revealed lumbar range of motion flexion of 45 degrees, extension 10 degrees with lumbar tenderness and spasm; Cervical range of motion 50 degrees flexion and 35 degrees extension with tenderness over the bilateral superior trapezius; Left shoulder range of motion 100 degrees flexion, 90 degrees abduction, 40 degrees external rotation and 50 degrees internal rotation with tenderness. Per the peer review report dated 9/4/15, the psychological evaluation note dated 8/3/15 revealed that the patient has BDI II score 37 indicating severe depression. The medications list includes amlodipine, pravastatin, ibuprofen, cymbalta, bupropion, omeprazole and topical pain patch. Treatment to date has included left shoulder surgery, physical therapy, acupuncture, psychotherapy and medication management. The physician is requesting Functional restoration program, 80 hours (16 half days). On 9-8-2015, the Utilization Review noncertified the request for Functional restoration program, 80 hours (16 half days).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 80 hours (16 half days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Functional restoration program, 80 hours (16 half days). Per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs, 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, (6) Negative predictors of success above have been addressed." Per the cited guidelines, "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: (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (7) duration of pre-referral disability time; (8) prevalence of opioid use." This patient's date of injury was in 2009 therefore he had an increased duration of pre-referral disability time. The patient also had severe depression. There was no documentation provided for review that the patient failed a return to work program with modification. The medical necessity of Functional restoration program, 80 hours (16 half days) is not medically necessary for this patient.