

Case Number:	CM15-0192527		
Date Assigned:	10/06/2015	Date of Injury:	08/03/2012
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/30/2015

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 64 year old female who sustained an industrial injury on 08/03/2012. Medical records indicated the worker was treated for joint pain in the upper arm, joint pain in the forearm, lateral epicondylitis, cervical spondylosis, lumbosacral spondylosis, joint pain in shoulder, and radial styloid tenosynovitis related to a work injury 08-03-2012. In the provider notes of 08-26-2015, the injured worker has completed her third week (80 hours) of a functional restoration program and was reported to have remained engaged in both the physical and psychological portions of the multidisciplinary chronic pain treatment. She also is reported to have improvements in her physical and psychological functioning and is practicing the self-management pain-coping techniques learned in the program. Her range of motion has increased in the lumbar side bend to the right from 8 degrees to 9 degrees. Her right shoulder flexion is 82 degrees and left shoulder flexion is at 95 degrees. Her right shoulder abduction has improved from 60 degrees to 78 degrees and left shoulder abduction has improved from 80 degrees to 85 degrees. She states the program has been helpful and that she continues to remain off pain medication on a regular basis. She continues to report pain in the neck, lower back and shoulder. Before the functional rehabilitation program, she had difficulty functioning and interacting with others secondary to the pain. In the notes of 08-26-2015 she is experiencing moderate anxiety and depression and using numerous active, independent pain-management tools. The worker is not working at the time of the report. Her pain inventory was rated as follows: week one, intensity was rated a 7.3 (severe) and week 3 was rated a 6 (moderate). Pain interference week one was a 7.9 (severe) and week three was a 7 (severe). Her initial depression was rated severe

and decreased to moderately severe at week 3, and her anxiety was moderately severe initially and decreased to moderate at week 3. There is no documentation of medication changes. A request for authorization was submitted for Additional 80 hours Functional Restoration Program for neck, low back, right shoulder, and right wrist. A utilization review decision 09/09/2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 80 hours Functional Restoration Program for neck, low back, right shoulder, and right wrist: Overturned

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

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

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. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the claimant completed a full 3 weeks (80- hours) of FRP with significant improvement in function. Additional 80 hours was requested to meet functional goals which were provided in the progress notes-including, medial, psychiatric, group and physical. The request for the additional 80 hours is appropriate.