

Case Number:	CM15-0192920		
Date Assigned:	10/07/2015	Date of Injury:	04/05/2013
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male sustained an industrial injury on 4-5-13. Documentation indicated that the injured worker was receiving treatment for thoracic outlet syndrome and cervicobrachial syndrome. Previous treatment included physical therapy, home exercise and medications. In a visit note dated 9-8-15, the injured worker complained of back pain rated 4-6 out of 10 on the visual analog scale. Current medications included Amitriptyline, Colace, Lyrica, Omeprazole, Norco and Salonpas. The injured worker had received the same prescriptions since at least 3-2-15. Physical exam was remarkable for palpable trigger points in the trapezius and rhomboid region with decreased sensation to light touch in bilateral C5-T1 distributions and positive Adson's test and Speed's test. The physician stated that the injured worker had developed a chronic pain syndrome with dependency on medication to allow him to function. The physician noted that the injured worker required a multidisciplinary approach to wean off medications and develop strategies for managing his chronic, disabling condition. The treatment plan included requesting authorization for a functional restoration program. On 9-21-15, Utilization Review noncertified a request for a fifteen day trial of a functional restoration program, three times a week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Day Trial of FRP 3x5: Upheld

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: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline, not seen here. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, with opiate dependency without any aspiration to return to modified work for this chronic April 2013 injury with delayed recovery beyond recommended period for likely successful outcome. The patient appears to remain not working, on chronic opioid medication without functional improvement from extensive treatments already rendered. There is also no psychological issues demonstrated or evaluation documenting medical necessity for a functional restoration program. The 15-Day Trial of FRP 3x5 is not medically necessary and appropriate.