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| Case Number: | CM15-0196475 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 05/16/2008 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old female, who sustained an industrial injury on 5-16-2008. The injured worker is undergoing treatment for: complex regional pain syndrome of right lower extremity, cervicgia, lumbago, chronic pain syndrome, knee pain, gait dysfunction, anxiety, and depression. On 4-21-15, and 9-10-15, she is reported to have developed nightmares related to her pain management program from various physicians, anxiety attacks with associated headaches. She indicated continued pain to her right foot, ankle, leg and knee and back and neck. She indicated being able to take 10 minute walks at a time, sitting for 10 minutes and standing for 2 minutes at a time. There is notation of her seeing a psychiatrist in the past for evaluations of the emotional components of her pain. Physical examination revealed an antalgic gait, decreased reflexes in the upper extremities, cognition normal, anxious in anticipation of pain during examination, decreased lower extremities reflexes, and there is notation of a lot of pain behavior during the examination. The treatment and diagnostic testing to date has included: right bimalleolar fracture with open reduction internal fixation and right fibular fracture with open reduction and internal fixation (date unclear), multiple physical therapy sessions, medications. Medications have included: naproxen, Tramadol, lidocaine patches, Tylenol with codeine, Butrans patches, and Fentanyl patches. Current work status: not working. The request for authorization is for: 20 day individualized and integrated functional restoration program biopsychosocial approach. The UR dated 9-17-2015: non-certified the request of 20 day individualized and integrated functional restoration program biopsychosocial approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biopsychosocial approach: 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: The patient in this case has a complicated history of pain and failed conservative treatment, and a request has been made for use of a functional restoration program with a biopsychosocial approach. The MTUS thoroughly discusses recommendations and indications for use of functional restoration programs. Evidence is stronger in low back pain in comparison to other chronic pain scenarios when considering use of functional restoration programs and this may be a reasonable approach, but further records are indicated, particularly with respect to mental health and likelihood of treatment success. Additionally, it may be reasonable to try a program for a period of time with a plan to re-evaluate for evidence of functional improvement prior to continuation of treatment. While a functional restoration program may be a treatment modality for consideration, without further records and clear indication, it is not medically necessary at this time.

20 day Individualized and Integrated Functional Restoration Program: 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: The patient in this case has a complicated history of pain and failed conservative treatment, and a request has been made for use of a functional restoration program with a biopsychosocial approach. The MTUS thoroughly discusses recommendations and indications for use of functional restoration programs. Evidence is stronger in low back pain in comparison to other chronic pain scenarios when considering use of functional restoration programs and this may be a reasonable approach, but further records are indicated, particularly with respect to mental health and likelihood of treatment success. Additionally, it may be reasonable to try a program for a period of time with a plan to reevaluate for evidence of functional improvement prior to continuation of treatment. While a functional restoration program may be a treatment modality for consideration, without further records and clear indication, it is not medically necessary at this time.