

Case Number:	CM15-0205551		
Date Assigned:	10/22/2015	Date of Injury:	04/11/2010
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina, Georgia

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 45 year old female, who sustained an industrial injury on 4-11-2010. The injured worker was being treated for thoracic back pain, thoracic radiculopathy, cervicgia, cervical radiculopathy, and myofascial pain. Treatment to date has included diagnostics, trigger point injections, transcutaneous electrical nerve stimulation unit, physical therapy, H wave unit, home exercise program, and medications. Currently (9-24-2015), the injured worker complains of left sided thoracic pain with occasional radiation to her chest, neck pain with radiation down her left arm, and numbness and tingling in her hands and feet. She reported that pain was present constantly and worse with moving and prolonged positioning. The treating physician documented that she has had physical therapy with relief of her pain and had trigger point injections in the past with partial relief of her pain. In the treatment plan section of the progress report, the treating physician documented that she had 12 weeks of PT and transcutaneous electrical nerve stimulation unit therapy without adequate relief. Medication use included Motrin, Lidoderm, Terocin, Lisinopril, and Estradiol. Objective findings included tenderness to palpation and full but painful range of motion in the neck. 4 of 5 strength was noted in the left arm, along with decreased sensation to light touch. Exam of the back noted tenderness to palpation and full but painful range of motion. Her work status was not documented. Per the Request for Authorization dated 9-24-2015, the treatment plan included evaluation for Functional Restoration Program consult, non-certified by Utilization Review on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation Functional Restoration Program (FRP) consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), updated 05/11/15, Low Back, Chronic pain programs (functional restoration programs).

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

Decision rationale: CA MTUS considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (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. Negative predictors of success include (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant has failed conservative therapies and is not a candidate for surgery. She has substantial functional deficit from her chronic pain. The request is for a onetime assessment for enrollment in a functional restoration program. While the medical record does not document sufficient information to provide a decision about actual enrollment in a functional restoration program, it does adequately support an evaluation to assess if such a functional restoration program is appropriate. A onetime evaluation/consult for functional restoration program is medically necessary.