

Case Number:	CM15-0208218		
Date Assigned:	10/27/2015	Date of Injury:	12/27/2012
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial injury on 12-27-2012. The injured worker was being treated for complex regional pain syndrome of the right upper extremity, history of left carpal tunnel repair, status post spinal cord stimulator implant, chronic intractable pain syndrome from complex regional pain, chronic reactive clinical depression, and dental problem due to intractable pain. Treatment to date has included diagnostics, right carpal tunnel release 9-2013, cervical stellate ganglion blocks 5-2014, spinal cord stimulator, mental health treatment, and medications. Currently (9-29-2015), the injured worker complains of "chronic and intractable pain due to his severe RSD symptom of right upper extremity". His pain was rated 5-6 out of 10. He continued to find the spinal cord stimulator helpful in alleviating some of his neuropathic pain and RSD (reflex sympathetic dystrophy) symptoms of his right hand. He continued to rely on Norco for breakthrough pain, noting failed medications as Cymbalta, Lyrica, and Gabapentin. Other medications included Baclofen, Prozac, and Clonazepam. He also used bilateral hand brace, which was worn out and did not provide enough support, causing aggravation of symptoms. Vertebral exam noted diffuse tenderness over the paracervical area. Exam of the right upper extremity noted severe swelling and ballooning of the right hand and forearm, right hand discoloration, and severe hypersensitivity and allodynia. There was no range of motion of the hands, fingers, and wrist, and limited range of motion of the right shoulder and elbow, along with visible tremor in the right upper extremity. The treatment plan included chronic pain rehab program to "help him with his chronic pain condition as well as

his reactive depression and mood". On 10-09-2015 Utilization Review non-certified a request for chronic pain functional restoration program consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic Pain Functional Restoration Program Consultation: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic pain programs (functional restoration programs).

Decision rationale: Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. (FRPs) are interdisciplinary pain programs and emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Criteria for outpatient FRP include chronic pain syndrome, failure of previous methods to treat chronic pain, documentation that the patient has motivation to change, and evaluation by an addiction clinician if substance abuse issues are a concern. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case there is no documentation that the patient has motivation to change. Criteria for functional restorations program have not been met. The request is not medically necessary.