

Case Number:	CM15-0020691		
Date Assigned:	02/10/2015	Date of Injury:	11/04/2010
Decision Date:	04/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, New York, California
 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 applicant is a represented 58-year-old [REDACTED] [REDACTED] who has filed a claim for chronic pain syndrome and chronic shoulder pain reportedly associated with an industrial injury of November 4, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; two prior shoulder surgeries; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off work. In a January 26, 2015 utilization review report, the claims administrator failed to approve request for a functional restoration program. The claims administrator referenced a January 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On December 1, 2014, the applicant underwent a psychological evaluation. The applicant reported ongoing issues with major depressive disorder (MDD) and chronic pain generating associated global assessment of functioning (GAF) of 55 to 60. On December 8, 2014, it was again stated that the applicant had various issues with psychological stress, depression, and emotional disturbance. The applicant was receiving support from a church group, it was suggested. On July 31, 2014, the applicant's primary treating physician (PTP) placed the applicant off work through December 1, 2014. Several progress notes interspersed throughout 2014 were also notable for comments that the applicant was off work, on total temporary disability. The applicant's medication list was not, however, incorporated into the bulk of the progress notes on file, including the multiple psychology notes of late 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 admission to the Functional Restoration Program for 5 days per week for 6 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 32 of 127.

Decision rationale: No, the request for a 30-day functional restoration program at a rate of five days a week for six weeks was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration via a functional restoration program for chronic pain syndrome should not generally exceed 20 full-day sessions. The request, thus, as written, represents treatment in excess of MTUS parameters. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that treatment via a functional restoration program is not suggested for longer than two weeks without documented evidence of improvement. Here, the attending provider sought authorization for treatment in excess of MTUS parameters without any proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response to the same. It is further noted that another cardinal criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a functional restoration program or chronic pain program is evidence that an applicant is willing to forego secondary gains in an effort to try and improve. Here, however, the applicant was/is seemingly intent on maximizing workers' compensation indemnity benefits. There was no mention of the applicant's willingness to forego the same in an effort to try and improve. Therefore, the request was not medically necessary.