

Case Number:	CM15-0215986		
Date Assigned:	11/05/2015	Date of Injury:	05/28/2013
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 40 year old female injured worker who sustained an industrial injury on May 28, 2013. Medical records indicated that the injured worker was treated for cervical neck and right hand pain. Medical diagnoses include cervical sprain strain secondary to fall May 28, 2013, right upper trapezius and levator scapulae strain and right carpal tunnel syndrome, status post right carpal tunnel release on April 16, 2015. In the provider notes dated September 9, 2015 the injured worker complained of right side neck pain "some residual carpal tunnel symptoms on the right." On exam, the documentation stated, "she has limited cervical left lateral flexion and left rotation." "She has palpable taut bands along her cervical paraspinals, superior trapezius, levator scapulae and rhomboids. She does have some tenderness over her right sided facets as well." The treatment plan is for a functional restorative program. Previous treatments include rest, work modifications, medication trials, acupuncture, physical therapy, myofascial therapy, trigger point injections and surgery. A Request for Authorization was submitted for functional restoration program five times a week for six weeks. The Utilization Review dated October 1, 2015 modified the request for functional restoration program five times a week for six weeks to functional restoration program five times a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program five times a week for six weeks: 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 section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program five times per week for six weeks is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; there should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. In this case, the injured worker's working diagnoses are cervical sprain strain; right upper trapezius and levator scapulae strain; and right carpal tunnel syndrome status post right carpal, release April 16, 2015. Date of injury is May 28, 2013. Request for authorization is October 2, 2015. The documentation indicates the injured worker has had extensive conservative treatment of carpal tunnel release surgery and still has ongoing symptoms. According to a September 22, 2015 progress note, the injured worker underwent a functional restoration program evaluation. The injured worker was deemed an appropriate candidate. According to a September 9, 2015 progress note, the injured worker has ongoing right-sided neck pain and residual carpal tunnel syndrome symptoms status post carpal tunnel release. Objectively, there is decreased range of motion at the cervical spine with taut bands. There is no physical examination of the right wrist and hand. The treating provider requested a functional restoration program at five times per week times six weeks. The guidelines recommend a period of no longer than two weeks without evidence of compliance and significantly demonstrated efficacy with subjective and objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and a request for a functional restoration program at five times per week times six weeks with guideline recommendations at five times per week times two weeks (pending subjective and objective functional gains, functional restoration program five times per week for six weeks is not medically necessary.