

Case Number:	CM15-0217012		
Date Assigned:	11/06/2015	Date of Injury:	10/31/2007
Decision Date:	12/18/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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: 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:

This injured worker is a 59 year old male, who sustained an industrial injury on 10-31-2007. The injured worker was diagnosed as having psychology and behavioral factors associated with disorders or disease classified elsewhere, lumbar spondylosis, chronic pain syndrome and spinal stenosis in cervical region. On medical records dated 10-12-2015, the subjective complaints were noted as constant-pain rated at 8-9 out of 10, radiating pain going down the bilateral upper extremities, hand numbness and arthralgia widespread. And depression was noted as well. Objective findings were noted as cervical spine revealed protracted shoulders, alignment head tilted forward and reversal of lumbar curvature in sitting, biceps defect due to tear of the long head with reattachment to the short head. Bicep pain and rotator cuff tendon pain with palpation was noted. Rotator cuff tendons painful to palpation were noted as well. Treatment to date included medication. Current medications were listed as Androgel, Biotin Dry, Clonazepam, Duloxetine, Melatonin, Misoprostol, OneTouch Vero strips, Pantoprazole, Pravastatin, Promethazine, Ranitidine, Tylenol Extra Strength, and Zetia. The Utilization Review (UR) was dated 10-29-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Functional Restoration Program QTY: 2 Weeks, 10 Days, 60 Hours was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program QTY: 2 Weeks, 10 Days, 60 Hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

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, #2 weeks, #10 days, 60 hours 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; this 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. In this case, the injured workers working diagnoses are depressive disorder; psycho-physiologic disorder; chronic pain syndrome; lumbar spondylosis; spinal stenosis cervical region; and low back pain. Date of injury is October 31, 2007. Request for authorization is October 27, 2015. According to an October 12, 2015 progress note, the injured worker has been out of work eight years. The documentation indicates the injured worker suffers with high levels of depression and anxiety with nocturnal panic attacks. Objectively, there is no physical examination in the October 12, 2015 progress note. The utilization review indicates the injured worker was authorized for a C5-C6 and C6-C7 cervical discectomy and fusion on October 2, 2015. FRP's are not indicated if the injured worker is a surgical candidate. Additionally, there are negative predictors of success with high levels of psychosocial distress (high levels of depression and anxiety). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, authorization for cervical discectomy and fusion on October 2, 2015 (according to the utilization review), and negative predictors of success with high levels of depression and anxiety, functional restoration program, #2 weeks, #10 days, 60 hours is not medically necessary.