

Case Number:	CM15-0036381		
Date Assigned:	03/04/2015	Date of Injury:	03/19/2010
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male, who sustained an industrial injury on 3/19/2010. He has reported back and bilateral shoulder injuries. The diagnoses have included lumbar disc displacement without myelopathy, sciatica, pain in the joint - shoulder; status post left shoulder arthroscopy x 2 and status post right shoulder arthroscopy. There are associated diagnosis of anxiety, depression and somatization disorder. Treatments to date has included NSIAD, analgesic and epidural injection which was noted to worsen diabetes. The 2012 MRI of the lumbar spine showed L5-S1 disc bulge with contact of right S1 nerve root. Currently, the IW complains of low back pain and bilateral shoulder pain, left greater than right. The physical examination from 1/13/15 documented an antalgic gait, using a cane for ambulation. The pain score was reported as 9/10 on a 0 to 10 scale. Normal strength 5/5 in all extremities, no decreased Range of Motion (ROM) documented, and no acute findings were documented. The plan of care included medication therapy, pending authorization for a functional restoration program. It was noted that the prescription for Methadone was discontinued because the IW obtained Hydrocodone prescriptions from other providers. There was a previous history of aberrant behaviors related to opioids utilization. On 2/6/2015 Utilization Review non-certified a functional restoration program, initial evaluation, noting the documentation did not support that the criteria had been met. The MTUS Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of a functional restoration program, initial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program - Initial Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

Decision rationale: The CA MTUS, ACOEM and ODG guidelines recommend that Functional Restoration Program (FRP) can be utilized as part of the return to work rehabilitation process after completion of active treatments following a work injury. The patient cannot fully participate and benefit from the FRP in the presence of severe musculoskeletal pain or in the presence of uncontrolled psychosomatic disorders. The records indicate that the patient is utilizing high dose opioid medications. The pain score was reported as 9/10. There is documentation of aberrant drug behavior, anxiety, depression and somatization disorder. The records did not indicate that these psychosomatic disorders have been effectively controlled. The subjective complaints of severe pain and utilization of pain medications is not supported by the documented objective findings. The criteria for Functional Restoration Program Initial Evaluation was not met.