

Case Number:	CM15-0051600		
Date Assigned:	04/17/2015	Date of Injury:	11/14/2007
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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

Certification(s)/Specialty: Psychologist

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 49 year old female, who sustained an industrial injury on 11/14/07. She reported initial complaints of cumulative injuries to neck, bilateral shoulders, arms and hands as well as onset of jaw and low back with radiation to bilateral legs with psychological complaints secondary to chronic pain. The injured worker was diagnosed as having psychogenic pain; repetitive strain injury; myofascial pain syndrome; wrist tendonitis; bilateral lateral epicondylitis; cumulative trauma disorder. Treatment to date has included acupuncture; physical therapy; chiropractic therapy, psychological therapy; medications. Currently, the PR-2 notes dated 2/12/15 that are hand written. The medical records are difficult to decipher. It appears the injured worker has gone back to school and has problems taking notes due to spasms and pain. The injured worker forgets to do home exercises. Physical examination notes bilateral shoulder impingement pain, bilateral epicondyle tenderness and pain bilateral hands and a skin lesion. A Functional restoration program evaluation was denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, chronic pain programs (functional restoration programs); See also Part 2, behavioral interventions, Functional restoration programs (FRPs) Page(s): 30-33; see also 49.

Decision rationale: Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and returned to work. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) and adequate and thorough evaluation has been made, including baseline testing so follow up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in clinically significant improvement; (3) the patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate were surgery or other treatments would be clearly warranted (if a goal of treatment is to prevent or avoid controversy all or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to affect this change; & (6) negative predictors of success have been addressed. As documented by subjective and objective gains. A request was made for a functional restoration program (FRP) evaluation, the request was non-certified by UR with this rationale: "all negative predictors should have been addressed including high levels of psychosocial distress including depression. The patient continues with severe depression and anxiety symptoms with suicidal ideation and has been prescribed therapy and referral for psychotropic medication, which has not yet been completed. Additionally, it did not appear that the patient had significant loss of ability to function independently." The MTUS guidelines for FRP list 6 criteria which all need to be met, one criteria refers to a list of 7 negative predictors of the efficacy of treatment with the programs as well as negative predictors of completion of the programs. The 4th of these is mentioned as "high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)." The UR determination for non-certification notes that the patient is participating in cognitive behavioral treatment (although authorization for further cognitive behavioral sessions appears to be conditionally denied pending additional information regarding prior sessions and outcome/quantity) and a new request for psychiatric intervention has been approved. According to a comprehensive psychological evaluation from 10/5/14 the patient reports that she has never received psychotherapy or psychiatric medications. She also noted that she first had thoughts of suicide in late 2007 early 2008 and experienced a panic attack in 2013 but clarified that she has never made any suicide attempts and is not suicidal at the current time. She is experiencing anxiety and depression. It was recommended that she receive 14 cognitive behavioral therapy sessions along with biofeedback. It was also noted that should she not derive adequate psychological relief from the above psychological treatment that additional reevaluation for functional restoration program should be considered. In a treatment progress note from the patient's primary physician from May 5, 2014 it is noted that they are "awaiting approval for FRP evaluation as the patient might benefit from FRP approach to treat her chronic pain condition and that the patient has already tried and failed enormous treatments including therapy, medication, electro acupuncture and injection treatment. It notes that the patient is also interested to participate in functional

restoration program and there is no secondary gain but the patient is willing to learn various techniques to better manage her chronic pain condition." On January 22, 2015 a prospective request for 14 sessions of CBT was modified to allow for 6 sessions and 10 sessions of biofeedback was modified to allow for 6 sessions of biofeedback between 10/5/14 and/17/2015 with [REDACTED]. On April 15, 2015 a request of an extension of these sessions until July 6, 2015 was made. A psychological status report was found from April 20, 2015 from [REDACTED]. [REDACTED], The treatment progress notes reflect significant patient progress including reduction in medication and improved use of coping skills. At this juncture, it appears that the patient is actively engaged in her psychological treatment it also appears that she has been authorized psychiatric evaluation for psychotropic medication as well, no further information was available regarding whether this has been completed. Her participation in outpatient psychological treatment as well as outpatient psychiatric treatment does not appear to have continuing for very long and the outcome of this treatment is still undetermined. Based on the provided medical records the use of a functional restoration program may be appropriate for this patient however, because she is still actively engaged in outpatient treatment that appears to be beneficial and she is making progress in appears premature to start the process of a functional restoration program via an evaluation at this juncture pending outcome of her completed CBT outpatient program with psychiatric treatment. Therefore, the medical appropriateness/necessity of the request has not been established and the utilization review determination for non-certification is upheld.