

<b>Case Number:</b>	CM15-0052845		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 22-year-old who has filed a claim for chronic finger pain, hand pain, complex regional pain syndrome (CRPS), depression, and anxiety reportedly associated with an industrial injury of February 25, 2014. In a March 2, 2015 Utilization Review report, the claims administrator failed to approve a request for a functional restoration program evaluation. A February 11, 2015 progress note was referenced in the determination. A non-MTUS ODG Guideline on functional capacity evaluations was referenced in the determination. The applicant's attorney subsequently appealed. In a March 18, 2015 appeal letter, the treating provider stated that the applicant needed a highly structured, supportive, psychological oriented treatment program. The treating provider stated that the applicant had severe issues with depression and demoralization which would likely be ameliorated through a functional restoration program. The applicant's medication list was not detailed. It was not stated what psychological and/or psychiatric treatments had transpired to date. In a progress note dated February 11, 2015, the applicant described as having ongoing issues with posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). The applicant was placed off of work, on total temporary disability, from a mental health perspective. A functional restoration program was sought. The applicant reported issues with depression, anxiety, and claustrophobia which had proven recalcitrant to psychological counseling. In a December 17, 2014 progress note, the applicant reported ongoing complaints of hand and wrist pain status post multiple stellate ganglion blocks. The applicant's medications included cyclobenzaprine, Prilosec, Neurontin, fenoprofen, Pamelor, and Percocet. It was stated that the applicant was using Pamelor for pain symptoms as opposed to depressive symptoms. Celexa, fenoprofen, and Neurontin were endorsed, along with a spinal cord stimulator trial, psychological evaluation,

and second opinion surgical consultation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) functional rehabilitation evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

**Decision rationale:** No, the request for a functional restoration program evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment via a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there was no indication that the applicant was in fact prepared to make the effort to try and improve. Rather, all evidence on file pointed to the applicant's seeming intention to maximize disability and/or indemnity benefits. It did not appear, thus, that the applicant was prepared to forgo disability and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that another cardinal criteria for pursuit of functional restoration program is evidence that an applicant is not a candidate for other treatments which would clearly be warranted to improve function. Here, however, the applicant is, in fact, a candidate for a variety of other treatments which are warranted to approve pain and function. The applicant's principle limiting issues appear to be his mental health constraints. However, the applicant does not appear to have optimized psychotropic medication management. The applicant was described just having begun Celexa, an SSRI antidepressant, in December 2014. It does not appear that the applicant has consulted a psychiatrist. It does not appear that the applicant's mental health issues, thus, had been adequately addressed prior to consideration of the functional restoration program evaluation. Similarly, the applicant's chronic pain physician reported on December 17, 2014, that the applicant should consider a spinal cord stimulator trial and/or a second opinion surgical consultation. Thus, there appeared to be a variety of medical, surgical, and/or mental health treatments which have not been attempted, which could theoretically generate significant benefit here. Therefore, the request for a functional restoration program evaluation was not medically necessary.