

Case Number:	CM14-0123576		
Date Assigned:	09/16/2014	Date of Injury:	07/21/2009
Decision Date:	10/22/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/05/2014

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. The Expert Reviewer Is Board Certified In Physical Medicine and Rehabilitation and Is Licensed To Practice In California. 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/Services. He/She Is Familiar With Governing Laws And Regulations, Including The Strength Of Evidence Hierarchy That Applies To Independent Medical Review Determinations.

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 35-year-old female who was reportedly injured on 07/21/2009. The last progress report dated 07/01/2014, the injured worker complained of lower back pain, bilateral elbow pain and right wrist pain. The pain scale was rated at 9/10 and this increased at 80 % that happened frequently. The injured worker tried marijuana which helped with sleep. The activities of daily living, mobility and quality of life had worsened. The injured worker mood and quality of sleep was poor. Diagnoses included tendinoligamentus injury, lateral epicondylitis of bilateral elbow, anxiety, depression, disc bulging, radiculopathy and trochanteric bursitis. A request was made for Functional Restoration Program for Post Ketamine and was not certified on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for Post Ketamine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program, Work conditioning Page(s): 31-32,. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 31-32/127.

Decision rationale: Functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity according to ACOEM Practice Guidelines, 2nd Edition. (1) An adequate and thorough evaluation has been made, including baseline functional 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 significant clinical 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 where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial 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 effect this change; & (6) Negative predictors of success above have been addressed: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. In this case, the medical documents do not entirely address the above issues. There is no documentation of a thorough evaluation (i.e. baselines functional testing). Additionally, negative predictors are not addressed. Therefore, the request is not considered medically necessary per guidelines.