

Case Number:	CM14-0127612		
Date Assigned:	08/15/2014	Date of Injury:	12/09/2006
Decision Date:	09/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/12/2014

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 underlying date of injury in this case is 12/09/2006. The date of the utilization review under appeal is 08/08/2014. The patient's diagnosis is complex regional pain syndrome. On 07/08/2014, the patient was seen in pain management follow-up. The patient reported ongoing pain which is 9/10 in severity, unchanged from his past visit. The patient reported that his pain was not controlled. The patient felt he had weakness associated with his injury. The treating physician educated the patient regarding appropriate exercise and the importance of sustainable activities. On 08/01/2014, the patient's treating physician requested a comprehensive assessment for a functional restoration program, noting that the patient has chronic pain associated with significant functional impairment and that the patient has failed conventional treatment. An initial physician review noted it was unclear how the requested functional restoration program would differ from the previous treatment which the patient was receiving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Multidiscipline Assessment for APM-FRP (Asclepius pain management functional restoration program): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discuss a very detailed description of chronic pain programs or functional restoration programs beginning on page 30. This guideline outlines that such a program is indicated if a patient has failed conventional pain management and outlines plans for an interdisciplinary program emphasizing intensive physical and behavior techniques to manage pain and improve activity and function. The prior physician review notes it is unclear how such a functional restoration program would differ from the patient's prior treatment; the medical records indicate that the patient has been receiving conventional office-based physician pain management but not an integrated multidisciplinary functional restoration program. An initial step in considering a functional restoration program would be a multidisciplinary assessment. The medical records do meet the criteria for such an assessment. This request is medically necessary.