

Case Number:	CM14-0141924		
Date Assigned:	09/10/2014	Date of Injury:	06/04/2008
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of June 4, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; electrodiagnostic testing of February 2014, notable for evidence of a chronic L5 radiculopathy; earlier shoulder surgery; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for a functional restoration program. A variety of MTUS and non-MTUS Guidelines were cited, including non-MTUS ODG Guidelines and physical therapy. The claims administrator stated that the applicant had had prior shoulder and/or injection therapy for the shoulders, it is incidentally noted. The applicant's attorney subsequently appealed. In a progress note dated August 21, 2014, the applicant reported 7/10 neck, low back, and left shoulder pain. The applicant stated that he was unable to shop for groceries without medication consumption. The applicant stated that Lyrica was diminishing his neuropathic symptoms and reducing his pain to tolerable levels. The applicant had a BMI of 22, it was stated, based on a height of 6 feet 8 inches and weight of 199 pounds. Diffuse multifocal tenderness was noted. The applicant was given diagnosis of myofascial pain syndrome. Norco, Lyrica, and a functional restoration program were seemingly sought. It was stated that the applicant was not working with a rather proscriptive 5-pound lifting limitation in place. In a fax letter seemingly dated August 7, 2014, the treating provider sought authorization for a functional restoration program which included physical therapy and psychotherapy modalities. It was acknowledged that the applicant was bored at home. It was acknowledged that the applicant had developed an adjustment disorder and pain disorder associated with psychological factors. It was stated that the applicant previously did not have psychological or psychiatric issues. The

applicant's Global Assessment of Functioning (GAF) was not clearly stated. It was stated that the applicant could benefit both physically and psychologically from treatment via the functional restoration program. The remainder of the file was surveyed. There was no evidence that the applicant had received psychotropic medications or psychological counseling before the functional restoration program was considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 10 sessions of functional restoration program, including up to 30 hours of physical therapy and occupational therapy/work simulation; 15 hours of patient education; 15 hours of vocational counseling and psycho-education; 2 hours of medication management; 2 hours of individual: 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 Chronic Pain Programs topic. Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program is that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the attending provider has not outlined why the applicant cannot continue his rehabilitation through self-directed home physical medicine, psychological counseling, psychotherapy, psychotropic medications, etc. It is further noted that it does not appear that the applicant has received much in the way of psychological and psychiatric treatment to date and that the evaluating psychologist and evaluating physical therapist have seemingly opined that the applicant in fact has significant psychological issues including an adjustment disorder. Therefore, the request is not medically necessary.