

Case Number:	CM14-0088572		
Date Assigned:	07/23/2014	Date of Injury:	05/27/2008
Decision Date:	05/28/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 49-year-old male who sustained an industrial injury on 5/27/08 while lifting a slab of granite injuring his left shoulder. He felt something pull and felt a burning sensation and pain radiating to the left arm that got progressively worse. He received therapy and bicep tendon injections with no benefit. He had an MRI of the shoulder, which showed a labrum tear with subsequent left shoulder surgery involving acromioplasty and debridement of labral tear and partial rotator cuff tear. He had some improvement after surgery but has residual pain in the anterior aspect of his shoulder. He currently (5/9/14 PR-2) complains of left shoulder and neck pain. Medications are Celexa, Norco, gabapentin, and naproxen. Diagnoses include cervical spondylosis without myelopathy; pain in left shoulder, status post left shoulder arthroscopy X3; major depression; pain disorder associated with psychological factors; anxiety. Treatments to date include medications, physical therapy, cognitive behavior therapy and cognitive restructuring, left shoulder injections. In the progress note, dated 5/15/14 the treating provider's plan of care includes that the injured worker has had a "catastrophic injury" and there is a need to document additional injuries on a psychological basis. In addition, the injured worker is addicted to his pain medications and the treating provider is requesting that the injured worker be allowed to attend a Functional Restoration Program. The provider feels that this can be used as a transitioning from drug dependency to a functional lifestyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restorative guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, referral for a functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are major depression; and pain disorder associated with both psychological factors and general medical condition. Subjectively, according to a May 15, 2014 progress note, the injured worker's complaints include depression, crying, poor sleep, daytime somnolence, low energy, hopelessness, anxiety and irritability. Objectively, the documentation states constricted affect, dysphoria, depression, irritability and poor concentration. Negative predictors of success may negatively impact a functional restoration program. The injured worker had high levels of psychosocial distress and prevalence of opiate use and addiction. The worker suffered major depression despite the use of medication aimed at improving depression (depression, crying, poor sleep, daytime somnolence, low energy, hopelessness, anxiety and irritability). Additionally, the injured worker was psychologically addicted to opiate analgesics. The injured worker was not motivated to improve. To the contrary, the injured worker felt hopeless. Consequently, absent clinical documentation meeting the criteria for functional restoration program outweighed by the negative predictors of success, referral for a functional restoration program is not medically necessary.