

Case Number:	CM15-0018059		
Date Assigned:	02/05/2015	Date of Injury:	03/20/1983
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old male who sustained an industrial injury on 03/20/12. He reports chronic left sided neck and shoulder pain radiating down the left arm with lower back radiating down the left leg. Treatments to date include medications. Diagnoses include psychophysiological disorder, derangement right knee, neck and lower back pain, cervical and lumbosacral radiculitis, chronic pain syndrome, fibromositis, and left rotator cuff syndrome. In a progress noted dated 01/07/15 the treating provider recommends a Functional Restoration Program. On 01/20/15 Utilization Review modified the Functional Restoration Program, citing MTUS guidelines. The reviewer reasoned that the FRP is appropriate, but there should only be 1/2 of the normal time length first completed, and then the results assessed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 30-34.

Decision rationale: Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is documentation of a comprehensive psychosocial assessment performed on 1/7/15. This includes documentation of depression, poor sleep, poor coping mechanisms, and other factors which can make this patient a candidate for a functional restoration program. However, the principle issue is duration, which was left unspecified. The utilization reviewer reasoned that the FRP is appropriate, but there should only be 1/2 of the normal time length first completed, and then the results assessed. The CPMTG state that "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis." Therefore, given that the original request did not include a time frame, and that the IMR process cannot modify request, the original request should be resubmitted with an appropriate time frame and duration/frquency specified. The original request is not medically appropriate.