

Case Number:	CM15-0178157		
Date Assigned:	09/18/2015	Date of Injury:	07/30/2013
Decision Date:	10/26/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/10/2015

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, 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 54 year old female who sustained an industrial injury on 07-31-2013. Current diagnoses were not included. Report dated 08-03-2015 through 08-07-2015 noted that the injured worker has completed 6 weeks of a functional restoration program. The injured worker participated in cognitive behavioral training classes, educational lectures, group therapy sessions and individualized physical therapy. At the beginning of this program, the injured worker had complaints of right shoulder pain, and was losing hope that her condition would improve. The injured worker now reports improved coping and ability to manage her chronic pain after the six- week program. Current medications include Nabumetone and gabapentin. The treatment plan included recommendation for aftercare program to bridge that transition from the functional restoration intensive daily program to the stage following the completion program. The utilization review dated 08-27-2015, non-certified the request for functional restoration aftercare program, 6 sessions for the neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of a functional restoration aftercare program for the shoulder and neck:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 sessions functional restoration aftercare program for the shoulder and neck 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 and 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 (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. 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 pain in joint shoulder; and cervical disc displacement. The date of injury is July 31, 2013. The request for authorization is dated August 20, 2015. According to the documentation, the injured worker completed a full course of a functional restoration program according to the FRP summary report dates August 3, 2015 through August 7, 2015. The injured worker was slated to return to work August 10, 2014 at the previous employment. The injured worker reached maximal medical improvement. There was no clear rationale for specified extension nor with their reasonable goals to be achieved by an additional FRP after program. As noted above, the discharge report dated August 7, 2015 indicated the injured worker successfully completed the functional restoration program. This allowed the injured worker to cope with chronic pain symptoms and daily physical training, meditation and relaxation techniques. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clear rationale for the specified extension or reasonable goals to be achieved, 6 sessions functional restoration aftercare for the shoulder and neck is not medically necessary.