

Case Number:	CM15-0179648		
Date Assigned:	09/21/2015	Date of Injury:	02/18/2012
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained an industrial injury on 2-18-12. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome, traumatic amputation of finger, myofascial pain syndrome, neuritis and lumbar spine sprain and strain. Previous treatment included cognitive behavioral therapy, 17.5 sessions of a functional restoration program, injections, physical therapy and medications. In a PR-2 dated 7-30-15, the injured worker complained of pain to the low back, left arm, left shoulder and left ankle, rated 7 to 9 out of 10. The injured worker reported that she walked about 20 minutes per day, 5 days per week. Physical exam was remarkable for amputation of the left distal interphalangeal joint of the index finger with "less" hypersensitivity to touch of the left upper extremity with the Horizant, tenderness to palpation to the lower lumbar spine and tailbone and "decreased" and painful range of motion of the low back. The physician stated that the injured worker continued to have multiple areas of chronic pain including the left arthropathy, low back and left ankle. The injured worker previously participated in the functional restoration program and had completed 17.5 of 20 authorized sessions. The program was discontinued when the injured worker hurt her back. The physician stated that the injured worker's back injury had improved; however, she continued to have functional deficits. Returning to the functional restoration program to complete her treatment course would be the most efficient way to help her maximize her independence in functional status. The treatment plan included 10 days of multidisciplinary pain rehabilitation program sessions. On 8-21-15, Utilization Review noncertified a request for 10 days multidisciplinary pain rehabilitation program session.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 days multidisciplinary pain rehab program sessions: 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 rationale: Based on the 8/11/15 progress report provided by the treating physician, this patient presents with left upper extremity pain, throbbing/radiating/deep low back pain, left ankle pain, and tailbone pain, rated 7-9/10 on VAS scale. The treater has asked for 10 DAYS MULTIDISCIPLINARY PAIN REHAB PROGRAM SESSIONS on 8/11/15. The patient's diagnoses per request for authorization dated 8/11/15 are traumatic amputation finger. The patient is s/p amputation of the left distal interphalangeal joint of the index finger per 5/16/15 report. The patient is s/p 17.5 of 20 authorized sessions of a functional restoration program and was making progress, but had to discontinue due to a subsequent injury to the low back per 8/11/15 report. Per Multidisciplinary pain rehabilitation program on hold report dated 9/9/14, the patient has made "some improvements." The patient has recently improved in her condition, especially to her low back, but her primary problem is her left upper extremity per 8/11/15 report. The patient walks 20 minutes per day, 5 days a week and her pain improves with ice/heat and meds per 5/16/15 report. The patient's work status is permanent and stationary per 8/11/15 report. MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs section, recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). In this case, the patient is permanent and stationary and there is no evidence of a return to work per review of reports. The patient has completed 17.5 sessions of an functional restoration program in August/September of 2014 with "some improvement." The patient had worsening back pain that hampered and interrupted her functional restoration program, and the treater is requesting another 10 sessions of functional restoration program. However, MTUS guidelines require demonstrated efficacy and subjective/objective gains to be documented for treatment longer than 2 weeks. In this case, there is a lack of documentation of functional improvement as per MTUS guidelines. The request for additional 10 sessions of functional restoration program exceeds guideline recommendations in this case. Therefore, the request IS NOT medically necessary.

