

Case Number:	CM15-0020607		
Date Assigned:	02/10/2015	Date of Injury:	08/24/2004
Decision Date:	07/28/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45-year-old female who sustained an industrial injury on 8/24/2004 resulting in right hand pain secondary to fracture. The injured worker is diagnosed with reflex sympathetic dystrophy to upper limb and chronic pain syndrome, right upper extremity radial neuropathy, and reactive depression secondary to chronic pain. Treatment has included multiple reconstructive surgeries, an anti-depressant, pain medications which she reports helps her function, and occupational therapy which she said aggravated her symptoms. The injured worker continues to complain of pain, swelling, discoloration of her right extremity, and depressive symptoms. The treating physician's plan of care includes functional restoration program evaluation. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation; neck pain and bilateral upper extremity as outpatient: 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 Functional Restoration Program Page(s): 30-33.

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant has significant psychosocial factors and depression that would impede her functional progress that is greater than the physical component of her injury. Motivation to improve is not clear and the FRO is not used to avoid a surgery. The request for an FRP evaluation is not medically necessary.