

Case Number:	CM15-0061485		
Date Assigned:	04/07/2015	Date of Injury:	04/17/2011
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/01/2015

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:

The injured worker is a 43 year old female, who sustained an industrial injury on 4/17/2011. The mechanism of injury is unclear. The injured worker was diagnosed as having chronic pain syndrome, neck sprain/strain, shoulder impingement, bicipital tenosynovitis, and deQuervain's tenosynovitis. Treatment to date has included physical therapy, medications, acupuncture, home exercise program, and transcutaneous electrical nerve stimulation. The request is for a functional restoration program trial 2 times weekly for 5 weeks. On 12/4/2014, she reported pain in the arm, shoulder, and neck. She rated her pain as 7/10. On 1/30/2015, the provider indicated he has tried 3 times to gain approval for a functional restoration program trial. It is indicated in the records that a psychological evaluation was completed and found her to be stable enough to participate in a functional restoration program. She is reported to be continuing with Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program trial 2 times a week for 5 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49, 30-33.

Decision rationale: The most recent report provided is dated 12/04/14 from the requesting physician, [REDACTED] and states that the patient presents with ongoing neck, arm and shoulder pain rated 7/10. The current request is for functional restoration program trial 2 times a week for 5 weeks. The RFA included is dated 03/06/15. The patient is disabled. The MTUS guidelines pg. 49 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 negative factors include the following: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. MTUS Criteria for the general use of multidisciplinary pain management programs pages 30-33 states that treatment is not suggested for longer than 2 weeks without documented subjective and objective gains and that total treatment duration should generally not exceed 20 full-day sessions or the equivalent in part day sessions. Treatment in excess of 20 sessions requires a clear rationale and reasonable goals to be attained. The 12/04/14 treatment plan states the patient has developed CRPS due to her injuries and cites a 04/01/14 Psychiatric evaluation by [REDACTED]. This report is included for review. [REDACTED] states that the patient is likely to benefit from a chronic pain management program, has not responded to prior appropriate medical care, there is a threat of significant and permanent loss of functioning requiring major adjustments. [REDACTED] states chronic pain impairs the patient's ADL's, psychosocial distress levels are stable enough to allow participation in the program, she shows good motivation including a home exercise program to overall functional improvement, negative predictors of success have been addressed, and [REDACTED] recommends the program from a cognitive standpoint. There is no evidence the patient is a candidate for surgery. In this case, the MTUS criteria have been met and the requested 10 session trial is within what is allowed by guidelines. The current request is medically necessary.