

Case Number:	CM15-0065046		
Date Assigned:	04/13/2015	Date of Injury:	07/26/2010
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, 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:

This is a 51 year old male patient who sustained a work related injury on 7/26/10. He sustained the injury due to fall onto concrete ground. The diagnoses have included complex regional pain syndrome, right finger injury, status post right ring finger surgery, lumbosacral strain, lumbar spine degenerative disc disease, left leg radicular pain, right shoulder strain and myofascial pain syndrome. Per the Physician Report dated 3/2/2015 and 2/24/15, he had complaints of a chronic pain condition. He states the functional restoration program he has participated in has been very helpful in teaching various techniques to better cope, adjust, and to manage his chronic pain condition. The physical examination revealed lumbar spine- decreased range of motion, trigger points, positive straight leg raising; right hand- tenderness, swelling, decreased range of motion, increased sensation and allodynia, decreased grip and positive Phalen's. The current medications list includes mobic, flexeril, tramadol and cymbalta. He has had multiple diagnostic studies including x-rays and MRIs. He has undergone right fourth finger surgery on 4/28/2011. He has had physical therapy, injections, psychotherapy, TENS, 10 functional restoration program sessions and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional functional restoration program x2 weeks (10 days Mon-Fri): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page Number 30-32.

Decision rationale: Request: Additional functional restoration program x2 weeks (10 days Mon-Fri). According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs - 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; (6) Negative predictors of success above have been addressed." Response to previous conservative treatment is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Per the cited guidelines, the following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs "(4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability), (7) duration of pre-referral disability time; (8) prevalence of opioid use." This patient's date of injury was in 2010 therefore he had an increased duration of pre-referral disability time. Per the cited guidelines, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Patient had already completed 10 functional restoration program sessions for this injury. There was no documentation provided for review that the patient failed a return to work program with modification. There is no evidence of significant ongoing progressive functional improvement from the previous functional restoration program that is documented in the records provided. The medical necessity of Additional functional restoration program x2 weeks (10 days Mon-Fri) is not fully established for this patient.