

Case Number:	CM15-0065251		
Date Assigned:	04/13/2015	Date of Injury:	06/09/2014
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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: Psychologist

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 28 year old male, who sustained an industrial injury on 6/09/2014. He reported sustaining injury to the back and right wrist with a push and pull injury. Diagnoses include back strain, low back pain, and wrist pain. Treatments to date include medication therapy and physical therapy. Currently, he complained of chronic right wrist pain, low back pain, and shoulder pain. On 4/2/15, the physical examination documented decreased lumbar range of motion with tenderness and positive axial loading of the facet joints. The plan of care included medication therapy and a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: Citation Summary: 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 returned to work. 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) and adequate and thorough evaluation has been made, including baseline 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 clinically significant 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 were surgery or other treatments would be clearly warranted (if a goal of treatment is to prevent or avoid controversy all 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 affect this change; & (6) negative predictors of success have been addressed. As documented by subjective and objective gains. See also Part 2, behavioral interventions, Functional restoration programs (FRPs) page 49 Decision: According to the provided medical records, a request was made for a functional restoration program (FRP) evaluation. The request was non-certified by utilization review with the following rationale provided: "There is no detailed discussion of the efficacy of prior treatment. Based on the diagnosis and considering lack of documented more simple course of psychotherapy and/or course of psyche meds to address psyche and pain issues, prior to considering the need for very intensive functional restoration program, according to the MTUS (mental illness and stress and pain) treatment guidelines the request is not medically necessary." This IMR will address a request to overturn that utilization review non-certification decision. All the provided medical records were carefully reviewed. There is no indication in the provided medical records of prior psychological/psychiatric treatment. In the MTUS, the criteria for consideration of comprehensive pain management programs (included FRP), the following is a criteria: "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in clinically significant improvement." A supplemental medical/legal report from February 27, 2015 indicates that an initial psychological testing/evaluation was conducted using psychometric assessment tools and that the report's conclusion was that the patient would be appropriate for a functional restoration program if "he does not report to direct medical or surgical treatment. This appears to be the requested FRF evaluation. In this case, as was mentioned by the utilization review, a less intensive outpatient psychological/psychiatric course of treatment does not yet appear to have been attempted and may be sufficient prior to consideration of the more intensive stepped up proposed treatment. Because of this reason the medical necessity of the request is not been established and therefore the utilization review determination for non-certification is upheld.