

Case Number:	CM15-0066253		
Date Assigned:	04/14/2015	Date of Injury:	08/24/2004
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 46 year old female, who sustained an industrial injury on 8/24/04. The injured worker has complaints of chronic intractable pain due to her complex regional pain syndrome (CRPS) condition affecting her right upper extremity. The diagnostic impression included status post right hand trauma with multiple reconstructive surgeries; right upper extremity radial neuropathy; complex regional pain syndrome type 1 of the right upper extremity and chronic reactive clinical depression secondary to chronic pain. Treatment to date has included multiple reconstructive surgeries on right hand; tylenol for breakthrough pain; gabapentin for neuropathic pain; protonic for gastritis; wellbutrin XL for depression and occupational therapy. The request was for Chronic Pain Functional Rehabilitation Program as an Outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chronic Pain Functional Rehabilitation Program as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24 MTUS (Effective July 18, 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: A functional restoration program (FRP) is a type of interdisciplinary pain program specifically tailored for those with chronic disabling occupational musculoskeletal disorders. The focus is to maximize function rather than eliminate pain. While additional quality research is needed, the MTUS Guidelines recommend this treatment. A two week trial is recommended with additional treatment after demonstrating both patient-reported and objective improvement. The submitted and reviewed records indicated the worker was experiencing pain in the right arm and depressed mood. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion detailing the worker's functional limitations or describing special issues that sufficiently supported this request. In the absence of such evidence, the current request for a chronic pain outpatient functional restoration program is not medically necessary.