MAXIMUS Federal Services

Case Number:	CM15-0072309		
Date Assigned:	04/22/2015	Date of Injury:	07/01/2005
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/16/2015

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 58 year old female, who sustained an industrial injury on July 1, 2005. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical spondylosis, myofascial trigger points cervical spine, possible complex regional pain syndrome of the right upper extremity, lumbar radiculopathy, lumbar spondylosis, and post-traumatic stress disorder. Diagnostics to date has included electrodiagnostic studies and urine drug screening. Treatment to date has included occupational therapy, home exercise program, sacroiliac injection, psychotherapy, a functional restoration program consultation, and medications including short-acting and long acting opioids and muscle relaxant. On March 26, 2015, the injured worker complains of ongoing neck pain with headaches and spasm in the shoulder blades. She has right hand and low back pain. Her pain is rated 6-8/10. Her pain medications help her pain with 30-40% relief. She reports that she would become completely non-functional and bedbound with her medications. The physical exam revealed tenderness of the cervical paraspinal muscles and trapezius, multiple trigger points in the cervical paraspinal muscles, and right hand erythema and hyperalgia. The treatment plan includes continuing her medications and psychotherapy. The requested treatment is a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 29-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-33.

Decision rationale: The patient presents with cervical spine, lumbar spine, and right upper extremity pain rated at 6-8/10. The request is for FUNCTIONAL RESTORATION PROGRAM. The request for authorization is dated 02/24/15. The patient is status-post fusion at C5-6, date unspecified. Physical examination of the cervical spine reveals tenderness in the cervical paraspinal muscles, cervical facet joints and trapezius. Multiple trigger points are noted in the cervical paraspinal muscles. Exam of the lumbar spine reveals tenderness in the lumbar facet joints. She has pain with lumbar extension. She has spasm on the left lumbar paraspinal muscles. The patient has ongoing pain. Pain has been flared up for the past month. She is taking her pain medications and it does help her with 30-40% relief. Without medications, she states that she will be completely nonfunctional and become bed bound. The patient's work status is not provided. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition." MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated 03/26/16, treater's reason for the request is "the patient is an ideal candidate for this. She has a longstanding pain. She is undergoing a psychological counseling. She has multiple complex histories. She is on opioids, which we would like to get her off of. I do not see her getting better without comprehensive care." Per progress report dated 02/12/15, treater states, "She had a consultation with the functional restoration program. I have yet to see the report." The following report on 3/25/15 states, "Functional restoration has been denied." In this case, the patient underwent FRP evaluation but this report was not provided to determine whether or not the patient meets all the criteria for a trial of functional restoration program. Furthermore, the current request is without time duration and MTUS support 80 hours of initial program with total of 160 hours when improvement is demonstrated. Therefore, the request IS NOT medically necessary.