

Case Number:	CM15-0073027		
Date Assigned:	04/23/2015	Date of Injury:	01/18/2009
Decision Date:	06/03/2015	UR Denial Date:	03/30/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 50-year-old female, who sustained an industrial injury on 1/18/2009. Diagnoses include chronic pain due to trauma, chronic pain syndrome, pain in joint involving hands, neck pain, muscle spasms, mild myositis/myofascial pain, pain in limbs, sleep disturbance, chronic opioid analgesic therapy, bilateral complex regional pain syndrome of the upper extremities, depression and adjustment disorder with anxiety. Treatment to date has included diagnostic studies, medications, injections, stellate ganglion blocks and psychological care. Per the Comprehensive Medical/Legal Evaluation dated 4/03/2015, on 3/18/2015, the injured worker reported for follow up care and medication management. Physical examination revealed diffuse areas of tenderness in the upper extremities. Range of motion of the forearm and wrists appear to be painful and limited by the injured worker. Resistive movements do increase pain. She has difficulty making a fist in both hands. The plan of care included, and authorization was requested for 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 for symptoms related to complex regional pain syndrome, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program for symptoms related to CRPS as an outpatient is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pre-treatment levels of pain. In this case, the injured worker's working diagnoses are chronic pain due to trauma; chronic pain syndrome; pain in joints involving hands; neck pain; muscle spasm; mild myositis, myofascial pain; pain in limbs; sleep disturbance; chronic opiate analgesic therapy; chronic regional pain syndrome; major depression; and adjustment disorder with anxiety. According to the Medical Legal Evaluation performed on April 3, 2015, the injured worker underwent a prior functional restoration program consultation on May 1, 2012. She apparently had a very bad experience with that evaluation. The contents of the evaluation were not present in the medical record. According to the evaluation, the injured worker is very depressed and feels helpless according to a September 25, 2012 progress note. On February 19, 2013, the worker appeared to be very depressed and hopeless. The worker was approved for 12 sessions with a psychiatrist. The injured worker is in both group therapy and individual sessions. According to a February 6, 2014 entry, the injured worker's depression is still a major obstacle. According to an April 8, 2014 entry, the injured worker suffers with severe hand pain that interferes with ability to function. According to a July 28, 2014 entry, the injured worker completed 10 days of a functional restoration program and the insurance has not approved any more. There is no documentation in the medical record of the prior functional restoration program. The guidelines state treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The injured worker was enrolled in a functional restoration program for 10 days. There is no documentation from that program. Additionally, the injured worker has been

disabled and not working as far back as February 20, 2009. The documentation states the injured worker is not capable of returning to her previous occupation. There are negative predictors including major depression with documentation indicating the injured worker's depression is still a major obstacle. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines and prior enrollment in a functional restoration program with no documentation, a functional restoration program for symptoms related to CRPS as an outpatient or not medically necessary.