

Case Number:	CM15-0073218		
Date Assigned:	04/23/2015	Date of Injury:	03/31/2008
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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 66 year old female, who sustained an industrial injury on 3/31/2008. She reported low back pain with radiation of pain into the lower extremities. Diagnoses have included sciatica, disorders of sacrum and pain in left shoulder joint. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), electromyography (EMG), acupuncture, lumbar epidural steroid injection and medication. According to the progress report dated 3/30/2015, the injured worker complained of chronic neck and back pain. She rated her pain as 5/10 on the visual analog scale (VAS). She stated that her pain was mainly in her back and could radiate down her left lower extremity. She also complained of neck pain that radiated into her left shoulder. Physical exam revealed an antalgic gait. She ambulated with a cane. Exam of the cervical and lumbar spines revealed tenderness to palpation and decreased range of motion. Authorization was requested for 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 Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines 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 evaluation 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; and 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 pretreatment levels of pain. The guidelines recommend an adequate thorough multidisciplinary evaluation team made prior to engaging in a multidisciplinary pain management program. Psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills and locus of control regarding pain and medical care) or diagnoses that would better be addressed using other treatment should be performed. In this case, the injured worker's working diagnoses are sciatica; disorders sacrum; pain in joints forearm; and pain in joint shoulder. The documentation from a March 27, 2015 progress note shows the injured worker continues to have persistent pain. The injured worker exhibits failed coping mechanisms. The injured worker is currently not working and does not know how she can return back to work secondary to chronic pain. There is no discussion in the medical record regarding chronic pain and how and to what degree that relates to a failed coping mechanisms. There is no documentation in the medical record of a psychology consultation or cognitive behavioral therapy. A supplemental physician report dated March 30, 2015 (three days later) states the injured worker failed conservative treatment; has lost significant ability to function independently resulting from chronic pain; is not a candidate for surgery; exhibits motivation to change and is willing to forgo secondary gains; has no negative predictors of success. The documentation states the injured worker does not have high levels of psychosocial distress (pretreatment levels of depression, pain and disability). The injured worker does have a past medical history of depression, but the documentation does not indicate the injured worker has active depression. The March 27, 2015 progress note shows the injured worker exhibits failed coping mechanisms that are not addressed in the March 30, 2015 supplemental progress note. There is no discussion in the medical record as to how and to what degree this impacts the

injured worker. A functional restoration program evaluation is premature without the necessary psychological evaluation to determine failed coping mechanisms and how they impact the injured worker's chronic pain. Consequently, absent clinical documentation with a psychological evaluation and/or cognitive behavioral therapy (after a psychology evaluation), a functional restoration program evaluation is not medically necessary.