

Case Number:	CM15-0073790		
Date Assigned:	04/23/2015	Date of Injury:	05/10/2011
Decision Date:	06/11/2015	UR Denial Date:	04/16/2015
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
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 (IW) is a 62-year-old female who sustained an industrial injury on 05/10/2011. She reported pain in her right thumb and wrist. The injured worker was diagnosed as cervicobrachial syndrome, thoracic outlet syndrome, chronic myofascial pain syndrome, sciatica, status post bilateral carpal tunnel release. Treatment to date has included acupuncture, physical therapy and Transcutaneous electrical nerve stimulation (TENS) have helped up to 80% but are not long lasting. Epidural injections of the cervical and lumbar spine have given temporary relief. She also participated in a functional restoration program in 2012 and states she did get some benefit from it. Currently, the injured worker complains of constant neck, bilateral shoulders, and low back pain with radiating symptoms. The treatment plan is to re-establish her in a multi-disciplinary program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP (Functional Rehab Program) Psychological Evaluation (To determine candidacy for entry and participation in the FRP) Qty: 1.00: Upheld

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

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, Decision: According to the provided medical records, the patient completed the Northern California Functional Restoration Program in 2012 and reports deriving benefit from it. Although it has been 3 years, and the patient remain symptomatic physically and psychologically, a psychological evaluation for consideration of admission to a 2nd FRP is not indicated as medically appropriate or necessary. The functional restoration program is an intensive and comprehensive program that is designed to facilitate a patient's returned to functioning/work. Because the patient has already completed a similar program, a repeat of the entire program would contain sufficient redundancy that makes the request excessive. It has not been established by the provided medical records that her treatment means cannot be handled in a less intensive format. Because the request appears to be redundant, the medical necessity is not established and therefore the utilization review determination for non-certification is upheld.