

Case Number:	CM15-0077401		
Date Assigned:	04/28/2015	Date of Injury:	07/26/2007
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

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, Pain Management

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 57 year old male who sustained an industrial injury on 7/26/2007. A second date of injury is noted to be 6/30/2008. His diagnoses, and/or impressions, included: chronic pain syndrome; bilateral shoulder pain, impingement syndrome, rule-out rotator cuff pathology; bilateral knee pain, most likely internal derangement, and status-post right knee arthroscopy with possible meniscectomy (poor memory); low back pain without noted radiculopathy; significant myofascial pain syndrome; upper and lower back; moderate depression; and neuro-cognitive dysfunction with significant memory problems, short and long-term, of questionable etiology but possibly due to depression. No current magnetic resonance imaging studies are noted. Treatments are noted to have included diagnostic studies; acupuncture; massage therapy; and medication management. Progress notes of 3/25/2015 reported chronic pain in the bilateral knees, neck, low back and shoulder pain, and that his right knee and left shoulder have more painful and has less functionality than their counterpart limbs, and that his low back pain does not radiate into his buttocks. He reported his pain to be severe, present 75-100% of the time, impacts his activities of daily living and memory, and that he is unable to return to work; causing depression. The physician's requests for treatments were noted to include a Functional Restoration Program at the offices of HELP Pain Medical Network as he felt the injured worker was extremely motivated and had a strong desire to return to work, that he has strong mechanical skills, and that he could be retrained.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.