

Case Number:	CM15-0093503		
Date Assigned:	05/19/2015	Date of Injury:	03/15/2010
Decision Date:	06/23/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/14/2015

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 is a 34-year-old female, who sustained an industrial injury on 3/20/10. The injured worker has complaints of back and ankle pain. The documentation noted that the injured worker reports difficulty sleeping due to pain and feels that her pain due to irritability, stress, depression and concentration/memory problems has affected her relationships with other people. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis unspecified. Treatment to date has included physical therapy; norco; pantoprazole and cyclobenzaprine. The request was for Functional Restoration Program Psych Evaluation to determine candidacy for entry and participation into the 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 Psych Evaluation to determine candidacy for entry and participation into the Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, chronic pain programs (functional restoration programs) See also Part

2, behavioral interventions, Functional restoration programs (FRPs) page 49 Page(s): 30-33 and 49.

Decision rationale: 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. Decision: a request was made for a Functional Restoration Program Psych Evaluation to determine candidacy for entry and participation in a Functional Restoration Program; the request was non-certified by utilization review with the following rationale provided: "In this case the claimant presents with long-standing back and ankle pain related to an injury in 2010. Physical therapy was reportedly helpful and the functional restoration program was not. The conservative care history in this case is not clearly outlined and the providers plan includes aqua therapy. A functional restoration program is not supported as the claimant has not had prior efficacy with this treatment nor has exhausted all conservative care methods." This IMR will address a request to overturn that decision. According to a primary physician treatment progress note and request for authorization from April 21, 2015 it is noted that the patient "is not a surgical candidate. She has decreased standing and walking tolerance. Ultimately, this has affected mood and affect. There are no identifiable secondary gains. The patient is motivated to improve. I would like to get an assessment for a functional restoration program to help wean her off this medication (Norco 10/325) by 30%." About this case, the provided medical records did not establish the medical necessity the request. Although it was mentioned by utilization review in its rationalization for its non-certification determination that the patient had participated in an unsuccessful functional restoration program in 2010 there was no discussion this prior treatment readily found in the provided documents. A description of why a second functional restoration program would be effective when an earlier attempt was not is needed. In addition stated goal of the FRF program was to help the patient decrease her use of the pain medication Norco by 30% however there was no discussion of attempts do this as an outpatient or with less intensive intervention measures. For this reason, the medical necessity of the requested program is not established and therefore the utilization review determination is upheld.