

Case Number:	CM13-0012104		
Date Assigned:	10/03/2013	Date of Injury:	01/05/2011
Decision Date:	01/02/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 01/05/2011. The primary diagnosis is cervical degenerative disc disease. The initial physician review notes that the patient underwent a functional restoration program in 2011, although it is unclear what functional gains were made at that time. That physician review notes that there is no description of recent conservative treatment and that the patient did not meet the requirements in that a functional restoration program is indicated only when all conservative treatment has failed. A pain management consultation of 07/22/2013 notes that this patient developed a repetitive motion disorder of his neck and upper extremity with onset 01/05/2011 and reported that the patient remains symptomatic despite rest, medications, and physical therapy. That note reviews of the patient's past treatment, including the assessment of a prior treating pain management physician that the patient developed a chronic pain program and requires a multidisciplinary pain program. The patient was noted to have a profound functional decline and perceived disability, and therefore an interdisciplinary evaluation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day interdisciplinary pain management evaluation, one day, 6 hour evaluation at Bay Area Pain and Wellness Center: Overturned

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 Chronic Pain Program/Functional Restoration Program Page(s): 30-32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on chronic pain management/functional restoration programs, page 30-32, list detailed criteria for enrollment in such a program, including, "an adequate and thorough evaluation has been made, including baselines functional testing so followup with the same test can note functional improvement." This case is quite complex given his past and current history and comorbidities, yet that complexity is common to chronic pain conditions and is specifically why an interdisciplinary evaluation is recommended as part of considering candidacy for a functional restoration program. The initial physician review raises some questions about the patient's comorbid conditions and whether the patient has exhausted all of the treatment options. These questions are essentially appropriate questions to ask as part of an interdisciplinary pain management evaluation. This patient clearly has a chronic pain condition with functional decline which has been refractory to extensive treatment so far. The guidelines do support an interdisciplinary pain management evaluation in this situation. The request for a one day interdisciplinary pain management evaluation, one day, 6 hour evaluation at [REDACTED] is medically necessary and appropriate.