

Case Number:	CM13-0013999		
Date Assigned:	03/03/2014	Date of Injury:	03/31/2012
Decision Date:	04/22/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old female who was injured on March 31, 2013. The patient continued to experience pain in her neck, right shoulder, low back, left hip, and left leg. Physical examination showed decreased range of motion in the neck, and right shoulder. Diagnoses included degenerative lumbar disc, neck sprain/strain, and lumbar sprain/strain. Treatment included cognitive behavioral therapy and medications. Requests for authorization for multidisciplinary rehabilitation program for 30 days were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY PAIN REHABILITATION PROGRAM 20 DAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic pain programs (functional restoration programs).

Decision rationale: Chronic pain programs are recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions

that have resulted in "delayed recovery". There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. Criteria for multidisciplinary pain management program include failure of previous methods of treating chronic pain, completion of adequate and thorough multidisciplinary evaluation, and documentation that the patient has motivation to change. Treatment for longer than 2 weeks is not suggested to determine evidence of efficacy by documented subjective and objective functional gains. In this case the patient had not failed all conservative measures for chronic pain. There is no documentation in the medical record of trial of treatment modalities such as physical therapy or acupuncture. In addition the request for treatment is for 4 weeks of therapy (160 hours). This surpasses the recommended 2 week trial to determine efficacy and compliance. The request should not be authorized.