MAXIMUS Federal Services

Case Number:	CM13-0015887		
Date Assigned:	11/06/2013	Date of Injury:	02/02/2002
Decision Date:	01/17/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 patient is a 40-year-old female who reported an injury on 02/02/2002 due to cumulative trauma while performing normal job duties. The patient was initially treated with physical therapy and medications. The patient underwent microlumbar discectomy at the L5-S1 and L4-5 to the left, right carpal tunnel release, left shoulder arthroscopy, and left carpal tunnel release. The patient continued to have chronic pain managed by medications and received supportive psychiatric care and medications. The patient's most recent physical examination findings report that the patient has tenderness to the cervical and lumbar areas with restricted range of motion. The patient's diagnoses included cervical/lumbar disc disease, and status post left shoulder ASD. The patient's treatment plan included continuation of medications and a request for pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nutrition, Emotional/Psychological, Social/Financial, Physical - related weight gain (NESP-R) program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Weaning of Medications, and Functional restoration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), on line Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30. Decision based on Non-MTUS Citation website http://painreliefgroup.com/NESP.php

Decision rationale: The request NESP program is not medically necessary or appropriate. The patient does have continued persistent pain complaints of the cervical and lumbar spine that are managed with medications. An online resource comprehensive pain relief group website states total that "this approach is effective for millions of people that have been started on prescription pain killers for legitimate reasons but then became dependent on them due to chronic pain; the ability to stop without horrific withdrawal symptoms or the medications became recreational." The clinical documentation submitted for review does not provide any evidence that the patient should discontinue their medications or is exhibiting aberrant behavior that would require weaning of the medications. As the requested nutrition, emotional/psychological, social/financial, physical related weight gain (NESP-R) program is not medically necessary or appropriate.