

Case Number:	CM13-0024919		
Date Assigned:	11/20/2013	Date of Injury:	03/07/2011
Decision Date:	05/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/17/2013

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 Internal Medicine, has a subspecialty in Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 40 year-old with a date of injury of 03/07/11. The mechanism of injury was unknown. She was diagnosed with a cervical herniated disc. Past records indicate that the claimant has undergone a left shoulder arthroscopy in 2011, a left elbow lateral fasciotomy with partial ostectomy on 05/15/2012 and a right ECRB tendon debridement on 08/09/2012. The most recent progress note dated 09/26/13 identified subjective complaints of neck and bilateral arm pain. Objective findings included left arm weakness of the biceps flexion and triceps extension, and decreased sensation at the level of C5 distribution on the left arm. The CT scan of the cervical spine showed inflammation and endplate irregularity at the level of C5-C6. Treatment has included physical therapy and oral medications. Treatment now recommended is an evaluation for pain management. A Utilization Review determination was rendered on 08/29/2013 recommending non-certification of "Decision for outpatient multidisciplinary evaluation as initial assessment (1 MD evaluation with pain management, 1 MD evaluation with pain psychologist, 1 evaluation with pain clinic physical therapist, 1 team meeting for treatment planning, and 1 team meeting with patient)."

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MULTIDISCIPLINARY EVALUATION AS INITIAL ASSESSMENT (1 MD EVALUATION WITH PAIN MANAGEMENT, 1 MD EVALUATION WITH PAIN PSYCHOLOGIST, 1 EVALUATION WITH PAIN CLINIC PHYSICAL THERAPIST, 1

TEAM MEETING FOR TREATMENT PLANNING, AND 1 TEAM MEETING WITH PATIENT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Page(s): 30-33.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients. It further states that research is ongoing as to how to most appropriately screen for inclusion into these programs. The program is considered medically necessary when all of the following criteria are met: *i*· An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. *ii*· Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. *iii*· The patient has a significant loss of ability to function independently resulting from the chronic pain. *iv*· The patient is not a candidate where surgery or other treatments would clearly be warranted. *v*· The patient exhibits motivation to change. *vi*· Negative predictors of success above have been addressed. In this case, the claimant does not meet those criteria. Pain alone does not necessarily represent functional impairment. Baseline functional testing (outside of the physical exam findings) has not been established. Likewise, there is no documentation as to whether the claimant has lost the ability to function independently due to the pain. The request for an outpatient multidisciplinary evaluation as initial assessment (one evaluation with pain management, one evaluation with pain psychologist, one evaluation with pain clinic physical therapist, one team meeting for treatment planning, and one team meeting with patient) is not medically necessary or appropriate.