MAXIMUS Federal Services

Case Number:	CM13-0026708		
Date Assigned:	04/25/2014	Date of Injury:	01/18/2012
Decision Date:	07/04/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational Medicine 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 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 represented [redacted] employee who has filed a claim for chronic neck pain, cervical radiculopathy, and brachial neuritis reportedly associated with an industrial injury of January 18, 2012. Thus far, the patient has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 23, 2013, the claims administrator denied a request for a functional restoration program evaluation and an associated multidisciplinary consultation. Non-MTUS Chapter 6 ACOEM Guidelines were cited in the denial, although the MTUS does address the topic at hand. The patient's attorney subsequently appealed. A September 9, 2013 progress note is notable for comments that the patient had not worked since April 18, 2012. The patient stated that earlier treatments, including chiropractic manipulative therapy and acupuncture were only of minimal help. The patient reportedly had no sources of income, it was suggested. The patient was given diagnoses of chronic pain syndrome with psychiatric co morbidities, elbow epicondylitis, and cervical spondylolysis. The patient was apparently asked to undergo pain assessment battery, psychological assessment, and electrodiagnostic testing on that date. Electrodiagnostic testing of September 9, 2013 was performed and was apparently within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if a patient is prepared to make an effort to try and improve, evaluation for admission for treatment in a multidisciplinary program should be considered. In this case, the patient had seemingly tried, failed, and exhausted lower levels of care, including time, medications, physical therapy, acupuncture, manipulative therapy, etc. The patient has failed to return to work. The patient is reportedly intent on improving, the attending provider has posited. An evaluation to consider a functional restoration program is therefore medically necessary.

MULTIDISCIPLINARY CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Again, the multidisciplinary consultation apparently represents a precursor evaluation to determine the patient's suitability and fitness for the chronic pain program apparently in question. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if a patient is prepared to make the effort, evaluation for treatment in a multidisciplinary treatment program should be considered. In this case, the attending provider has seemingly posited that the patient is intent on improvement. Therefore, the proposed multidisciplinary consultation is medically necessary.