

<b>Case Number:</b>	CM13-0027116		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Anesthesiology and Pain 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 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. 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 52-year-old female who reported injury on 05/30/2013. The mechanism of injury was stated to be the patient was on their way out to see if their ride had arrived and they hit a metal piece by the door exit and tripped forward, hitting the cement floor of the parking lot with both knees. The patient was noted to have headaches and complained of neck pain as well as numbness in the hands bilaterally. The patient was noted to have tenderness to palpation of the right shoulder in the anterior aspect, cervical spine, paraspinal muscles, thoracic spine midline T5-9, paraspinal muscles bilaterally, and right wrist radial aspect/right thumb. The patient was noted to have tenderness to palpation of the left knee diffusely and the 2nd metatarsal of the phalangeal joint of the left foot. The patient was noted to be taking Lodine 400 mg. The patient's diagnoses were noted to include sprain or strain of multiple sites and contusion multiple sites. The request was made, per the physician documentation, for a cope with pain program for persistent symptoms. Per the submitted request, the request was for a pain management consultation with a pain program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation for a pain program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Section Page(s): 31-32.

**Decision rationale:** Per California MTUS Guidelines, criteria for a multidisciplinary pain management program include an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, the patient has significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change and is willing to forgo secondary gains including disability payments to affect change, and negative predictors of success have been addressed. Additionally, there should be a trial of 10 full day sessions and total treatment should not exceed 20 full day sessions. The clinical documentation submitted for review failed to indicate the patient had a baseline function test. There was a lack of documentation of meeting the other criteria. Given the above, the request for pain management consultation for a pain program, request as submitted, is not medically necessary.