

Case Number:	CM13-0032490		
Date Assigned:	03/28/2014	Date of Injury:	12/15/2011
Decision Date:	07/11/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 46-year-old female with a 12/15/11 date of injury and status post left surgery twice in 2009 and right shoulder surgery in 2012. At the time (9/6/13) of the Decision for 20-day multidisciplinary pain rehab program, there is documentation of subjective (chronic pain, bilateral shoulder pain, depression/anxiety/insomnia, and difficulty performing activities of daily living) and objective (decreased bilateral shoulder range of motion, tenderness to palpation over the right trapezius myofascial elements, decreased reflexes of the right brachioradialis, decreased sensation in the posterior tricep region, and depression/anxiety/opioid dependence) findings, current diagnoses (chronic pain syndrome, rotator cuff syndrome, generalized anxiety disorder, and opioid/nicotine dependence), and treatment to date (chronic behavioral therapy, physical therapy, activity modification, cortisone injection to the shoulder, and medications). In addition, 9/26/13 medical report identifies completion of a multidisciplinary chronic pain evaluation with treatment consideration for further right shoulder surgery; and obstacles for treatment identifying that the patient is not an appropriate candidate for a multidisciplinary pain rehabilitation program, given too many risk factors (opioid and nicotine dependence) present that may impede progress within a multidisciplinary setting. There is no documentation that 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 is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

20-DAY MULTIDISCIPLINARY PAIN REHAB PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that 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 a 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, rotator cuff syndrome, generalized anxiety disorder, and opioid dependence. In addition, there is documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; and the patient has a significant loss of ability to function independently resulting from the chronic pain. However, given documentation of the chronic pain program evaluation identifying treatment consideration for further right shoulder surgery, there is no documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; and the patient is not a candidate where surgery or other treatments would clearly be warranted. In addition, given documentation of the chronic pain program evaluation identifying that the patient is not an appropriate candidate for a multidisciplinary pain rehabilitation program, given too many risk factors (opioid and nicotine dependence) present that may impede progress within a multidisciplinary setting, there is no documentation that the patient exhibits motivation to change; and a rationale identifying the medical necessity of the requested multidisciplinary pain rehab program. Furthermore, given documentation of the request for 20-day multidisciplinary pain rehab program, the proposed number of treatment days exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 20-day multidisciplinary pain rehab program is not medically necessary.