

Case Number:	CM13-0050999		
Date Assigned:	12/27/2013	Date of Injury:	12/02/2008
Decision Date:	06/05/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

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, has a subspecialty in Preventative 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with industrial injury of December 2, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; transfer of care to and from various providers in various specialties; muscle relaxants; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated November 4, 2013, the claims administrator denied request for Lodine and conditionally denied request for a pain management program, stating that the attending provider did not clearly state what precisely was intended via the proposed pain management program. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated November 7, 2013, the applicant was given a 5% whole-person impairment rating for the shoulder and a 0% whole-person impairment rating for the neck. In an October 5, 2013 pain management consultation, the applicant was described as reporting persistent neck, upper back, and trapezius pain. The applicant was a former secretary, it was stated. Overall pain levels ranged from 5-8/10. The applicant reported continued pain and functional impairment in terms of pursuit of leisure activities and even simpler activities of daily living such as gripping, grasping, lifting, and carrying. The applicant was described as planning upcoming pregnancy. The applicant was apparently asked to employ Lodine for pain relief, return to regular duty work, and follow up on a six-week basis for pain management purposes, medication therapy, and medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL RESTORATION PROGRAMS Page(s): 32.

Decision rationale: As noted by the claims administrator, the request is quite imprecise. Based on the phrasing of the request for authorization, it appears that this represents a form of chronic pain program or functional restoration program. The Chronic Pain Guidelines indicate that the criteria for the pursuit of a pain management program/chronic pain program/functional restoration program include evidence that an adequate and thorough precursor evaluation has been completed and evidence 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. An applicant should have a significant loss of ability to function associated with chronic pain issues. In this case, however, it appears that the applicant has been returned to regular work. The applicant does not appear to have any marked functional deficits. There is no evidence that the applicant has completed the prerequisite precursor evaluation. There is no statement as to why lesser means of care, such as conventional outpatient office visits, time, physical therapy cannot be employed here. Therefore, the request is not medically necessary.