

Case Number:	CM13-0055214		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2003
Decision Date:	06/05/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 injured worker is a 39-year-old male with a date of injury of 8/25/03. The patient has been treated for ongoing pain in his neck and left shoulder. Subjective complaints are of ongoing neck pain, and left shoulder pain that has improved with surgery. Physical exam shows decreased cervical range of motion, tenderness over the paraspinal muscles, and normal reflexes and sensation in the upper extremities. The patient underwent an extensive course of treatment for this pain, including two surgeries on his neck in March 2005 and August 2006, and one on his shoulder in November 2011. He has also undergone chiropractic care and physical therapy, and has used narcotic pain relievers chronically. The worker experienced some improvement in his pain from the above, but was unable to return to work, even with restrictions on his duties. Some 10 years after his initial injury, the worker's pain management doctor prescribed a multi-disciplinary pain management program called HELP; the worker completed two weeks of the program. Some improvement in the worker's functional status with the plan was documented; however the clinical significance of the improvement cited is uncertain, and the worker did not return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE REMAINING WEEKS FOR HELP INTERDISCIPLINARY PAIN REHABILITATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

Decision rationale: The California MTUS states that the specific criteria for inclusion in a functional restoration program include having adequate and thorough prior investigation, failing previous treatment modalities, significantly losing function independently, not being a surgical candidate, and exhibiting motivation to change. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The MTUS also suggests that multi-disciplinary pain programs are most beneficial when instituted early in the patient's clinical course. For this patient, while an adequate and thorough evaluation has been made, the patient has benefited from prior therapies including surgery/physical therapy/exercise, has not worked since the date of injury, and has completed two weeks of a pain program without definitive objective improvement or ability to return to work. As such, the request is not medically necessary.