

Case Number:	CM13-0063763		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2008
Decision Date:	06/13/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/10/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, shoulder, hip, leg, and foot pain associated with an industrial injury of June 19, 2008. Thus far, the applicant has been treated with analgesic medications, long and short-acting opioids, transfer of care to and from various providers in various specialties, prior open reduction and internal fixation of a femur fracture, multiple shoulder corticosteroid injections, and extensive periods of time off of work, on total temporary disability. A clinical progress note of July 30, 2013 is notable for comments that the applicant is off of work and has not worked in over three years. Operating diagnoses included low back pain, neck pain, shoulder impingement syndrome, and degenerative disk disease. It was stated that the applicant was essentially permanent and stationary. A June 13, 2013 progress note is notable for comments that the applicant was off of work and was pursuing unemployment compensation through the state of [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION FOR HEALTH EDUCATION FOR LIVING WITH PAIN PROGRAM:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: The request represents a precursor evaluation apparently being sought prior to the applicant's enrolment in a chronic pain program. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. There is no evidence that the applicant is intent on trying to improve. The limited information on file in the form of earlier progress notes suggests that the applicant is not intent on improving on functional restoration and rather is pursuing both Workers' Compensation Total Temporary Disability (TTD) benefits and the form of unemployment compensation from the Employment Development Department (EDD). Thus, the limited information on file does not make a compelling case that the applicant is prepared to make the effort to try to improve. As such, the request is not medically necessary.