

Case Number:	CM14-0000917		
Date Assigned:	01/17/2014	Date of Injury:	02/09/2013
Decision Date:	06/16/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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, 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 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 29-year-old male who reported an injury on 02/09/2013. The mechanism of injury was that the injured worker was caught between a conveyor belt and a forklift carrying pallets. The documentation of 11/14/2013 revealed that the patient had neck pain which hurt mainly on the right and radiated down the arm. The patient had sensations of heat in the low back and legs. It was reported that it felt as though it was bruised. It was indicated that the medications included Butrans patches, Vicodin 1 a day, CBZ 600 mg a day and Metaxalone 800 mg twice a day. The physical examination revealed that cervical lordosis was straightened, and the range of motion was limited. The patient had spasm and pain to palpation of the paraspinal muscles and the trapezius area. The right leg and foot were cooler than the left. The patient had diffuse spasms of the spinal muscles. There was torticollis with the head tilted to the right. The muscle tone was increased in the legs from spasms and pain. The strength testing was guarded to be reliable in the legs. There was triple flexion. Heel-to-shin testing was clumsy. The patient could not perform a tandem walk and could not walk on his heels and toes. Gait and station were wide-based and very antalgic. The sensations to light touch, pinprick and vibrations "were absent in the right toes and moderately reduced in the right toes." Proprioception was decreased in the toes. Double simultaneous stimulation was intact. Graphesthesia was intact. The assessment and treatment plan included CRPS of the right leg and foot with chronic pain and dystonia. The patient had segmental dystonia of the spine from numbers 1 and 3 and cervical spondylosis superimposed upon congenital spinal stenosis with myelopathy contributing to the CRPS. Another diagnosis was depression. The treatment plan included Lyrica and a request for a spinal cord stimulator trial as well as an increase of metaxalone to 4 times a day as well as authorization for Baclofen and 200 units of Botox for the low back muscles. Subsequent

documentation of 12/12/2013 revealed that the request was made for a comprehensive multidisciplinary assessment for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE MULTIDISCIPLINE ASSESSMENT FOR ASCLEPIUS PAIN MANAGEMENT COMPLEX REGIONAL PAIN SYNDROME (CRPS)- FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, and Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAM, FUNCTIONAL RESTORATION PROGRAM Page(s): 30-32.

Decision rationale: According to the California MTUS Guidelines, regarding the criteria for the general use of multidisciplinary pain management programs, "Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." The clinical documentation submitted for review would not support the use of a chronic pain program, and secondary conditions have not been clarified. There was a lack of documentation of the injured worker's prior conservative care. There were requests for multiple changes in the injured worker's care, including a possible consultation for a spinal cord stimulator trial. Given the above, the request for a comprehensive multidiscipline assessment for Asclepius Pain Management Complex Regional Pain Syndrome - Functional Restoration Program is not medically necessary and appropriate.