

Case Number:	CM14-0002159		
Date Assigned:	01/24/2014	Date of Injury:	02/03/2012
Decision Date:	07/03/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 38-year-old female who reported an injury on 02/03/2012. The injured worker reportedly slipped while walking into a freezer. Current diagnoses include pain disorder with psychological factors and a general medical condition, general anxiety disorder, occupational problems, and economic problems. The injured worker was evaluated on 12/09/2013. Previous conservative treatment includes physical therapy, injections, and medication management. The injured worker reported persistent neck pain, right hip pain, right knee pain, left shoulder pain, and right ankle pain. Current medications include gabapentin 300 mg, Pamelor 50 mg, and Tylenol No. 3. Physical examination revealed limited cervical range of motion, limited right shoulder range of motion, 5/5 motor strength, intact sensation, limited lumbar range of motion with mild tenderness to palpation, 5/5 motor strength in the bilateral lower extremities, tenderness to palpation of the right anterior thigh, and normal range of motion of bilateral knees. Treatment recommendations at that time included a multidisciplinary pain rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY PAIN REHABILITATION PROGRAM FOR 20 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful. There should also be evidence of a significant loss of the ability to function independently resulting from chronic pain. Treatment is not suggested for longer than 2 weeks without evidence of objective functional improvement. As per the documentation submitted, the injured worker's accepted body part is the right shoulder. There is no documentation of a significant loss of the ability to function independently. The current request for 20 full day sessions in a multidisciplinary pain rehabilitation program also exceeds Guideline recommendations for an initial trial of 2 weeks. Based on the clinical information received and the California MTUS Guidelines, the request for MULTIDISCIPLINARY PAIN REHABILITATION PROGRAM FOR 20 DAYS is non-certified.