

Case Number:	CM14-0002822		
Date Assigned:	01/29/2014	Date of Injury:	07/21/2006
Decision Date:	09/05/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/08/2014

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 and Rehabilitation 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 injured worker is a 62 year old female with a reported date of injury on 07/21/2006. The mechanism of injury was a repetitive stress that resulted in cumulative trauma. The progress note dated 11/06/2013 reported the injured worker diagnoses listed as upper extremity cumulative trauma disorder, chronic shoulder pain status post decompression, cervical degenerative disc disease, right upper extremity radiculitis, regional myofascial pain and chronic pain syndrome with both sleep and mood disorder. The progress note also reported the injured worker had a normal affect and converses appropriately, makes good eye contact, judgement appears good, no pressured speech, flight of ideas, auditory or visual hallucinations expressed. The progress note from 12/03/2013 list with diagnoses as cervical degenerative disc disease and shoulder rotator cuff syndrome. The progress note also reported the injured worker as depressed and had sleep disturbances. The request of authorization form dated 12/03/2013 for one day, 6 hour interdisciplinary pain management evaluation for chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE DAY INTERDISCIPLINARY PAIN MANAGEMENT EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs Page(s): 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain management programs Page(s): 32-33.

Decision rationale: The request for a one day interdisciplinary pain management evaluation is not medically necessary. The injured worker has received 6 sessions with pain psychology. According to the California Chronic Pain Medical Treatment guidelines, 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: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain, 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), the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. There is a lack of functional improvement after the initial six sessions of pain psychology. The injured worker continues to complain of severe pain, altered mood and sleep disturbances. Therefore, the request is not medically necessary.