

<b>Case Number:</b>	CM14-0005044		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/29/2003
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 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:

According to the records made available for review, this is a 51-year-old female patient with a 5/29/03 date of injury. At the time of request for authorization for initial interdisciplinary evaluation, there is documentation of subjective (pain in the right arm aggravated by activity, no motion in the right wrist, contractures of the right elbow, and depression) and objective (tenderness in the cervical spinous processes, allodynia in the right arm, decreased cervical range of motion, acromioclavicular joint tenderness, positive impingement sign, and decreased range of motion in the shoulder) findings, current diagnoses (complex regional pain syndrome stage III), and treatment to date (medications, activity modification, injections, TENS Unit, home exercise program, occupational therapy, massage therapy, cervical traction, and manipulation). There is no documentation that the patient is not a candidate where surgery or other treatments would clearly be warranted; and that the patient exhibits motivation to change

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL INTERDISCIPLINARY EVALUATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines identifies documentation that 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of a diagnosis of complex regional pain syndrome stage III. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; and that the patient has a significant loss of ability to function independently resulting from the chronic pain. However, there is no documentation that the patient is not a candidate where surgery or other treatments would clearly be warranted; and that the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for initial interdisciplinary evaluation is not medically necessary