

Case Number:	CM14-0007560		
Date Assigned:	02/07/2014	Date of Injury:	06/25/2012
Decision Date:	07/08/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Texas. 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 60-year-old female who reported an injury on 06/25/2012. The mechanism of injury involved a fall. Current diagnoses include left C5 and C6 cervical radiculopathy, left rotator cuff repair, left carpal tunnel syndrome, left cubital tunnel syndrome, left shoulder surgery, left shoulder dislocation, and cervical strain/sprain. The claimant was evaluated on 01/03/2014. The claimant reported persistent neck and left upper extremity pain. Previous conservative treatment includes a steroid injection into the left shoulder and 14 physical therapy sessions. The claimant was also status post cervical epidural steroid injection with 50% improvement. Physical examination on that date revealed decreased sensation in the left upper extremity at the C6 and C7 dermatomes, improved cervical range of motion, diminished reflexes on the left, positive depression testing in the left shoulder, and mild tenderness. Treatment recommendations at that time included a multidisciplinary pain program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY PAIN PROGRAM EVALUATION / CHRONIC PAIN PROGRAM FOR ACCEPTED BODY PARTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS, (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-34.

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. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options that are likely to result in significant clinical improvement. There should also be evidence of a significant loss of the ability to function independently resulting from chronic pain. Patients should exhibit motivation to change and willingness to forego secondary gains. Negative predictors of success should also be addressed. As per the clinical documentation submitted, the employee reported 50% improvement following a cervical epidural steroid injection. There is no documentation of an exhaustion of conservative treatment prior to the request for a chronic pain program. Based on the clinical information received, the employee does not currently meet criteria as outlined by the California MTUS Guidelines. The request for a multidisciplinary pain program evaluation/chronic pain program for accepted body parts is not medically necessary and appropriate.