

<b>Case Number:</b>	CM14-0008231		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 53-year-old male who reported injury on September 23, 2010. The documentation of December 16, 2013 revealed the injured worker's pain was a 7.5/10. The pain was noted to be fluctuating. The injured worker's range of motion was decreased. The diagnosis included neck pain, cervical spondylosis with upper extremity radiculitis status post anterior cervical fusion, bilateral hand paresthesias with electrodiagnostic evidence of bilateral carpal tunnel syndrome, bilateral shoulder pain status post right shoulder arthroscopic surgery with persistent pain, headache, depression, and insomnia. The treatment plan included a multidisciplinary pain management program, a home exercise program, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRANSFER OF CARE TO MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAM FOR CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (7/18/09), CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), 31-33

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Program, Functional Restoration Program,.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend a functional restoration program when the patient has had an adequate and thorough evaluation including baseline functional testing so follow-up with the same test can note functional improvement; 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 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 treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to indicate the injured worker had objective functional deficits to support the necessity for a functional restoration program. There was a lack of documentation indicating the injured worker had a thorough evaluation, including baseline functional testing. There was a lack of documentation indicating the injured worker would not be a candidate for surgery or other treatments. The request as submitted failed to indicate the duration of care. The request for a transfer of care to multidisciplinary pain management program for cervical spine is not medically necessary or appropriate.