

Case Number:	CM14-0100858		
Date Assigned:	07/30/2014	Date of Injury:	07/13/1999
Decision Date:	09/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Practice, 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:

55 yr. old female claimant sustained a work injury on 7/13/99 involving the back, neck and knees. She was diagnosed with lumbar radiculitis, cervical spondylitis, cervicgia and sacral strain. A progress note on 5/30/14 indicated the claimant had persistent 10/10 bilateral knee pain, which reduced to 6/10 with medications. She had been on Norco, Dilaudid, and Soma for pain relief. Physical findings were notable for reduced range of motion of the cervical and lumbar spine. Spurling's maneuver was positive on the right side. The treating physician recommended a renewal of pain medications, therapy, psychiatric care and an inpatient pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 inpatient multidisciplinary pain management program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs Page(s): 30.

Decision rationale: Multidisciplinary pain programs involve a team approach that is outcome focused and coordinated and offers goal-oriented interdisciplinary services. Criteria for the

general use of multidisciplinary inpatient pain management programs include: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. In this case, there is no indication that the claimant can't perform in an outpatient multidisciplinary program. In addition, there is no mention of weaning medications. Therefore the request above is not medically necessary.