

Case Number:	CM14-0107118		
Date Assigned:	08/01/2014	Date of Injury:	06/24/2011
Decision Date:	10/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 55 year old male whose date of injury is 06/24/2011. The mechanism of injury is described as lifting and pulling. Diagnoses are chronic pain syndrome, narcotic dependency, benzodiazepine dependency and somatization. The injured worker has completed approximately 87 hours of multidisciplinary program to date. Note dated 08/05/14 indicates that the injured worker is working full time in addition to attending the program. The injured worker received cortisone injections to his shoulders on this date. Medications are listed as Paroxetine, Trazodone, Androgel and Vivitrol. Depression and anxiety have reportedly reduced significantly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary outpatient program for twenty (20) days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for multidisciplinary outpatient program for 20 days is not recommended as medically necessary. The injured worker has completed at least 87 hours of the program to date. CA MTUS guidelines note that total

treatment duration should generally not exceed 20 sessions/160 hours of functional restoration program. There are no exceptional factors of delayed recovery documented to support exceeding this recommendation. The injured worker continues to receive injection therapy at this time. The injured worker reportedly is working full time and requires minimal support at this time. Therefore, this request is not medically necessary.