

<b>Case Number:</b>	CM14-0109794		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/10/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 47 year-old with a date of injury of 07/10/11. A progress report associated with the request for services, dated 04/15/14, identified subjective complaints of neck and shoulder pain. Objective findings included decreased range of motion of the cervical spine and shoulders. She had sensory changes in the C7 dermatome. Diagnoses included (paraphrased) bilateral shoulder impingement; upper extremity radiculitis; previous cervical fusion; diffuse regional myofascial pain; cervicgia; and opioid dependency. Treatment had included rest, medications, injections, and physical therapy. A Utilization Review determination was rendered on 06/17/14 recommending non-certification of "One day interdisciplinary pain management evaluation".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One day interdisciplinary pain management evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) & Chronic pain programs Page(s): 49,34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs; Chronic Pain Programs (Functional restoration Programs) Page(s): 49 30-32. Decision based on Non-MTUS Citation ) Pain, Chronic Pain Programs (functional restoration programs).

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that functional restoration programs (FRP) are recommended. However, research is still ongoing as to how to screen for inclusion into these programs. The programs are interdisciplinary with an emphasis on function over elimination of pain. There is evidence that FRPs reduce pain and improve function in patients with low back pain. There is little evidence for biopsychosocial rehabilitation with neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. For outpatient rehabilitation programs, all of the following criteria should be met: An adequate and thorough evaluation has been made, including baseline functional testing. Previous methods of treating the chronic pain have been unsuccessful. 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. The patient exhibits a motivation to change, and a willingness to forgo secondary gains. Negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy. Total treatment duration should generally not exceed 20 full-day sessions. Treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The criteria noted above have not been entirely documented. Likewise, there appears to be less success related to the neck and shoulders. The record does not document the medical necessity for a one day interdisciplinary pain management evaluation. The request is not medically necessary.