

Case Number:	CM14-0010738		
Date Assigned:	02/21/2014	Date of Injury:	04/27/2011
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 and 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 33 year-old with a date of injury of 04/27/11. A progress report associated with the request for services, dated 01/24/13, identified subjective complaints of neck and shoulder pain. Objective findings included decreased range-of-motion of the cervical spine and shoulders. There was decreased sensation in the shoulders. Diagnoses included cervical degenerative disease and bilateral shoulder impingement. Treatment has included shoulder injections and cervical medial nerve branch blocks. A Utilization Review determination was rendered on 01/22/14 recommending non-certification of "Comprehensive Multidisciplinary Assessment".

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE MULTIDISCIPLINARY ASSESSMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN TREATMENT GUIDELINES Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, , 30-33, 49 Page(s): 30-33 an.

Decision rationale: The MTUS Chronic Pain Guidelines state that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves

function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. It further states that research is ongoing as to how to most appropriately screen for inclusion into these programs. The program is considered medically necessary when all of the following criteria are met: - An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. - 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 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 motivation to change. - Negative predictors of success above have been addressed. In this case, the claimant does not meet all these criteria. Pain alone does not necessarily represent functional impairment. Baseline functional testing (outside of the physical exam findings) has not been established. Likewise, there is no documentation as to whether the claimant has lost the ability to function independently due to the pain. Last, a surgical option may exist for his shoulder disorders. Therefore, there is no documented medical necessity for a functional restoration program evaluation at this time. The request is not medically necessary and appropriate.