

Case Number:	CM14-0012386		
Date Assigned:	02/21/2014	Date of Injury:	10/05/2012
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine 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 patient is a 44-year-old male who was injured on 10/05/2012. He was a stocker at a supermarket when he slipped and fell on a wet surface on the ground and sustained strain injuries to the left shoulder and lower back. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the left shoulder dated 11/12/2012 reporting acromioclavicular (AC) joint subchondral edema and no subluxation of AC joint or fracture. A computed tomography (CT) scan of the left hip dated 10/26/2012 reported no acute radiographic change. X-ray of the left shoulder dated 10/11/2012 is negative. MRI of the lumbar spine reported L5-S1 posterolateral annular fissure and minimal disc bulge at L4-L5 with no disc protrusion, fracture or stenosis. An electromyography (EMG)/NCV (nerve conduction velocity) dated 02/22/2013 reported bilateral lumbar radiculopathy. A repeat EMG/NCV on 08/08/2013 is reported normal. An EMG/NCV of the upper extremities dated 08/15/2013 is reported normal. Functional restoration program progress note dated 12/13/2013 recommended to continue building pain coping skills learned in treatment, to facilitate their generalization to home and work life, to address continued severe anxiety and depression and add to recidivism. We recommend 6 additional sessions of pain psychology. The treatment goals are: 1. Be able to ambulate without deviations. (Not achieved) 2. Be independent with flare up management. 3. Demonstrate correct posture and body mechanics consistently with no external verbal cueing. (Not achieved) 4. Lift and carry 15 pounds (Not achieved) 5. Independence in basic activities of daily living. (Not achieved) 6. Independence in individual activities of daily living. (Not achieved) 7. Return to work. (Not achieved) 8. Increase use of wellness-focused coping tools. (goal partially attained) 9. Decrease anxiety and depression. (goal partially attained) Utilization review (UR) report dated 01/23/2014 denied the request for Pain Psychology at [REDACTED] Pain and Wellness Center x6 because evidence provided does not establish medical necessity of this request based on the available

documentation/information and evidence-based guidelines. The patient has already had a conference of functional restoration program, which includes psychological intervention, and it does not appear that significant overall functional gains had been achieved in this type of setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY AT [REDACTED] PAIN AND WELLNESS CENTER QTY: 6:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: The MTUS Guidelines recommend chronic pain programs (functional restoration programs) when there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery." "Treatment is not suggested for longer than 2 weeks for patients without evidence of demonstrated efficacy as documented by subjective and objective gains." "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities)." "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." "Research is ongoing as to what treatments are most necessary as part of interdisciplinary treatment for patients with subacute and chronic pain, and how intense such delivery of care should be." In this case, this is a request for 6 pain psychology visits apparently as part of a functional restoration program at [REDACTED] Pain and Wellness Center. The patient is a 44-year-old male with chronic left shoulder, left hip and low back attributed to a fall at work on 10/5/14. The medical necessity for an additional 6 pain psychology visits is not established. There is no documentation of functional improvement from the patient's participation in the functional restoration program with regard to psyche or physical complaints. The number of days completed in the functional restoration program is not provided. The agreed medical evaluator (AME) of 11/25/13 did not feel a functional restoration program was medically necessary. There are negative predictors of success in a functional restoration program including high levels of psychosocial distress. Motivation to change and willingness to forego secondary gain are in doubt given the patient is not working and has symptoms out of proportion to examination and diagnostic findings. As such, the request is not certified.